


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P04000120062

1. Corporation Name

Carwile, Inc.

FILED

10 FEB -4 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-10

900167985989

02/04/10--01005--019 **608.75

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 440 South Babcock Street		3. Mailing Office Address 440 South Babcock Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Melbourne, Florida		City & State Melbourne, Florida	
Zip 32901	Country USA	Zip 32901	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 08/18/04	
5. FEI Number 20-1509830	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$9.75 Additional Fee required for a Certificate of Status</small>	

7. Name and Address of Current Registered Agent			
Name Charles Ian Nash, Esquire			
Street Address (P.O. Box Number is Not Acceptable) 440 South Babcock Street			
Suite, Apt. #, Etc.			
City Melbourne	State FL	Zip Code 32901	

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Charles Ian Nash REGISTERED AGENT MUST SIGN

Date 2-1-10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Douglas A. Carwile	440 South Babcock Street	Melbourne, FL 32901

10. E-mail Address: Katie@mk-law.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Douglas A. Carwile Douglas A. Carwile 27 Jan 10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #