


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10PZ

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC -7 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400082357944
12/07/06--01033---007 **300.00

DOCUMENT # P04000147092

1. Corporation Name
B & D CARPENTRY, INC.

2. Principal Office Address 1114 NORTHSIDE DRIVE		3. Mailing Office Address 2 ZEPO COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORMOND BEACH, FL 32174		City & State PALM COAST, FL 32164	
Zip 32174	Country US	Zip 32164	Country US

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida **11/01/2004**

5. FEI Number **20-1798186** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
DANE WILEY

Street Address (P.O. Box Number is Not Acceptable)
2 ZEPO COURT

Suite, Apt. #, Etc.

City
PALM COAST, FL 32164

State
FL

Zip Code
32164

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 *Dane Wiley* Date **12/4/2006**

REGISTERED AGENT MUST SIGN

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
P	DANE WILEY	2 ZEPO COURT	PALM COAST, FL 32164
VP	BRENDA JESTER	2 ZEPO COURT	PALM COAST, FL 32164

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: *Dane Wiley* Date **12/4/2006** Daytime Phone # **386/586-1462**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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**B & D Capentry, Inc.
2 Zeppo Court
Palm Coast, FL 32164**

December 4, 2006

**State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

-Re: Reinstatement for P04000147092

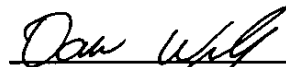
Dear Dept. of State,

It has come to my attention that I failed to file my annual report for 2005 and 2006. I was a new corporation in 2004 and did not know about the annual report fee involved. I did not receive any report notices from the Division of Corporations for either filing year.

Please accept the enclosed check for \$300.00 in payment for both years and reinstate my corporate status as soon as possible. I need to renew my workmen's compensation exemption certificate and it will not be accepted unless my corporation is active.

I apologize for the inconvenience and appreciate your help in clearing up this matter. If additional information is needed, you may contact me by telephone at 386/986-9187 or by mail at the above address.

Sincerely,



**Dane Wiley, President
B & D Carpentry, Inc.**