## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEFARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					09 FEB 19 PM 1:35 SECRETARY OF STATE			
DOCUMENT # p05000102368  1. Corporation Name				TALLAHASSEE, FLORIDA				
THAT CARPENTER GUY INC  MIGGO OGG SS								
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address								
440 VINE STREET . SAME					CR2E081 (12/08)			
Suite, Apt. #, etc. Suite, Apt. i		, etc.						
					4. Date Incorporated or Qualified To Do Business in Florida 7/13/2005			
City & State City & State				5. FEI Number Applied For				
WEST MELBOURNE , FL					20-3185111 Not Applicable			
Zip Country 32904 USA	Zip	Соц	Country		CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent					,		_	
Name FRED CARROCCIO				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.				
Street Address (P.O. Box Number is Not Acceptable)  HHO VINE ST.								
Suite, Apt. #, Etc.								
WEST MELBOURNE State Zip Code FL 32664								
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 MUST SIGN					Date 2 · 9 · 68			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Titles Name of	Nome of		Street Address of Each Officer and/or Director			City / State / Zip		
P FRED CARROCCIO		440 Vine St.				W. MELBOURNE FL 32904		
VP SHARON PACED	ccio	440	Vine	51		W. MELL	BOURNE FL 32904	
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11/8/14		61-	01				oor ***DNO**NO	
REINSTATEMENT					20: 02/19/	014340 0901036	09602 018 **158.75	
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10. I certify that I am an officer or director or the receive the receive the receive 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 mustignature shall have the same legal effect as if made under oath.								
SIGNATURE: 2.9.08 321 574 -9318  BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #							321 574 -9319 Daytime Phone #	