

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD0000020444

1. Corporation Name

Carter Services of Brevard, Inc

2. Principal Office Address - No P.O. Box #

820 Kalif Ave SW

Suite, Apt. #, etc.

City & State

Palm Bay, FL

Zip

32908

Country

USA

3. Mailing Office Address

820 Kalif Ave SW

Suite, Apt. #, etc.

City & State

Palm Bay, FL

Zip

32908

Country

USA

FILED
10 APR 28 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100178572501
04/29/10-01007--006 **300.00

REINSTATEMENT 09-10

4. Date Incorporated or Qualified
To Do Business in Florida

2/8/06

5. FEI Number

204414418

☐ 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

Craig L. Carter

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

820 Kalif Ave SW

Suite, Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32908

☒ 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

Craig L. Carter

REGISTERED AGENT MUST SIGN

Date 4/22/10

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
PTD	Craig L. Carter	820 Kalif Ave SW	PB, FL 32908
VS	Christina M. Carter	820 Kalif Ave SW	PB, FL 32908

10. E-mail Address: Crissymarie 97@yahoo.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:

Christina M. Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/10 321-956-0833

Date

Daytime Phone #

4/29/10