

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC -8 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000027922

1. Corporation Name CARROLL & SONS
FABRICATION inc

REINSTATEMENT 2009

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
1058 BALKIN Rd.
Suite, Apt. #, etc.

3. Mailing Office Address
193 IVAN Church Rd
Suite, Apt. #, etc.

City & State
TALL. FL.

CRAWFORDVILLE
City & State
FL.

Zip Country
32305 LECO

Zip Country
32327 WAKULLA

4. Date Incorporated or Qualified
To Do Business in Florida 3-2-07

5. FEI Number 061813744
☐ 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
MICHAEL LAFFERTY
Street Address (P.O. Box Number is Not Acceptable)
193 IVAN Church Rd.
Suite, Apt. #, Etc.
City State Zip Code
CRAWFORDVILLE FL 32327

☒ 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 [Signature] Date 12-8-09
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
<u>P</u>	<u>MICHAEL LAFFERTY</u>	<u>1058 BALKIN Rd.</u>	<u>TALL. FL. 32305</u>

300163419573
12/08/09--01009--008 **150.00

10. E-mail Address:

(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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #