

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAR 16 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08000050160

1. Corporation Name

Carter's CORNER INC.

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

3584 Coyote Creek

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

- SAME -

City & State

Tallahassee FL

City & State

Zip

Country

32301

LEON

Zip

Country

7. Name and Address of Current Registered Agent

Name

SAMUEL L. CARTER JR.

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

3584 Coyote Creek Dr.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Samuel L. Carter Jr.

REGISTERED AGENT MUST SIGN

Date 3/16/10

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
CEO	SAMUEL L. CARTER JR.	SAME AS ABOVE	
SEC.	NATASHA R. CARTER	SAME AS ABOVE	

3/16/10

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:

Samuel L. Carter Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/10

Date

Daytime Phone #

REINSTATEMENT 09-10

500172311635
03/16/10--01025--010 **300.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

800-187893

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status