

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 28 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P26331

1. Corporation Name

CARNEGIE ASSET MANAGEMENT
883

700074539167
05/12/06--01067--008 **1058.75

CR2E081 (12/05)

2. Principal Office Address

8830 S. TAMiami TR

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

Zip

34238

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/5/1989

5. FEI Number

65-0143984

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

Corporation Service Company

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

1201 Hays Street

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

[Signature] B.S.D. U.P.
REGISTERED AGENT MUST SIGN

Date 4/20/06

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
Pres	DONALD H. ROWE	8830 STAMiami TR. #110 SARASOTA, FL 34238	
Sec	JOYCE A. ROWE	8830 S TAMiami TR. #110 Same as above	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/06 944-954-5500

Daytime Phone #