

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P38190**

1. Corporation Name

CARHOL, Inc.

2. Principal Office Address  
363 EH Court

Suite, Apt. #, etc.

City & State  
Brunswick, Georgia

Zip  
31520

Country  
USA

3. Mailing Office Address  
same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 4-6-1992

5. FFL Number  
58-1902978

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

FILED

06 MAY 19 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500075550195  
05/31/06--01021--007 \*\*1058.75

**7. Name and Address of Current Registered Agent**

Name  
Allen C.D. Scott, II

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

Suite, Apt. #, Etc.

City  
St. Augustine

State  
FL

Zip Code  
32084

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

REGISTERED AGENT MUST SIGN

Date May 16, 2006

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| P/D    | Hollington, John R.                  | 363 EH Court                                      | Brunswick, GA 31520 |
| S/T/D  | Carmichael, Elden                    | 363 EH Court                                      | Brunswick, GA 31520 |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |

B 5/25/06

REINSTATEMENT 04-06

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:

Elden Carmichael

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/2006

Date

904-825-0995

Daytime Phone #