

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 21 PM 4:06

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P93000021678

1. Corporation Name

JEAN & RON CARPENTRY, INC.

2461 ABSHER ROAD

2461 ABSHER ROAD

2. Principal Office Address

2461 ABSHER ROAD

3. Mailing Office Address

2461 ABSHER ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST CLOUD, FLORIDA

City & State

ST CLOUD, FLORIDA

Zip

34771

Country

OSCEOLA

Zip

34771

Country

OSCEOLA

4. Date Incorporated or Qualified

To Do Business in Florida MARCH 16, 1993

5. FEI Number

59-3181955

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

AMERJEAN CLARK

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

2461 ABSHER ROAD

Suite, Apt. #, Etc.

City

ST CLOUD

State

FL

Zip Code

34771

500055208175

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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

Amerjean Clark

REGISTERED AGENT MUST SIGN

Date 4/19/05

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
P	AMERJEAN CLARK	2461 ABSHER ROAD	ST. CLOUD, FL 34771

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 under section 119.07(3)(i), 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:

Amerjean Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05 407-891-0078

Date

Daytime Phone #

CR2E081 (01/04)