

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 DEC 21 AM 10:24

DOCUMENT # **P93000065093**

1. Corporation Name

**CARLETON HOUSE, INC.**

Principal Place of Business

Mailing Address

1209 W. KENNEDY BLVD  
 TAMPA FL 33606  
 US

1209 W. KENNEDY BLVD  
 TAMPA FL 33606  
 US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/17/1993	
City & State		City & State		5. FEI Number	
Zip		Country		59-3201490	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
<del>D</del>	<del>CARTER, E C</del>	<del>1701 SOUTH 50TH STREET</del>	<del>TAMPA FL 33619</del>
D	DOYLE, DANIEL M JR	<del>11 AMBLESIDE DR.</del> #3 Stonegate Dr	BELLEAIR FL 33756
D	MCCAFFORY, JOHN C	1222 BROOKHAVEN PARK PLACE Rd Century Blvd. NE. Suite 910	ATLANTA GA 30345 800003523718-1 -01/04/01--01094--012 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

E. CARLTON CARTER  
 1209 W. KENNEDY BLVD  
 TAMPA FL 33606

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

10. I, being appointed the registered agent of the above corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *E. Carlton Carter* REGISTERED AGENT MUST SIGN  
 Date: 10/12/00

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 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: *E. Carlton Carter* AD  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: E. Carlton Carter  
 Date: 10/27/00  
 Daytime Phone #: 813 297 3500

CR2E040 (8/00)