

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

NOV 30 P 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P930000 72 865

1. Corporation Name

CARL-LANE, INC.

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

11687 SUMMERS RD.

Suite, Apt. #, etc

3. Mailing Office Address

PO BOX 153

Suite, Apt. #, etc

City & State

BRISTOL, FLORIDA

Zip

Country

32301

USA

City & State

BRISTOL, FLORIDA

Zip

Country

32301

USA

7. Name and Address of Current Registered Agent

Name

RICKY STAFFORD

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

11687 SUMMERS RD.

Suite, Apt. #, Etc.

City

BRISTOL

State

FL

Zip Code

32301

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3210241

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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]

REGISTERED AGENT MUST SIGN

Date 11-30-09

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
<u>PRESIDENT</u>	<u>RICKY STAFFORD</u>	<u>11687 SUMMERS RD.</u>	<u>BRISTOL, FLORIDA 32301</u>

REINSTATEMENT
08-09
985

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICKY STAFFORD

Date

11-30-09

Daytime Phone #

850-362-7217