

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 12 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000086930

1. Corporation Name

San Carol Building, Inc.

REINSTATEMENT 03-6

2. Principal Office Address

856 Dover Street

Suite, Apt. #, etc.

3. Mailing Office Address

856 Dover Street

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

Zip

33487

Country

Palm Bch. 12/21/

Zip

33487

Country

Palm Bch.

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1993

5. FEEL Number

650461848

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

Carol Ann Stetson

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

856 Dover Street

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33487

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 9/5/06

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.	Carol Ann Stetson	856 Dover Street	Boca Raton, Fl. 33487
VP	Joseph H. Stetson	856 Dover Street	Boca Raton, Fl. 33487
Sec.	Carol Ann Stetson	856 Dover Street	Boca Raton, Fl. 33487
Trea.	Joseph H. Stetson	856 Dover Street	Boca Raton, Fl. 33487

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

Daytime Phone

CAROL ANN STETSON

5310

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*Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314*

Atten: Deborah Cooper

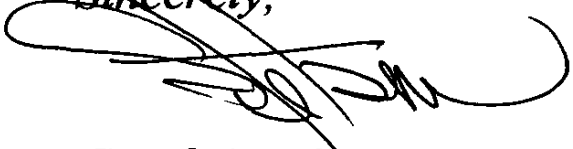
Regarding San Carol Building, Inc.

*As per our telephone conversation today we did not
receive notification of our corporate annual report in 2003.
An incorrect address was the problem.*

*Enclosed you will find my check in the amount of
\$600.00 to cover filing fees for 2003,04,05 and 06*

Kindly make sure the corporation is reinstated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Carol Ann Stetson', with a large, sweeping flourish extending to the right.

*Carol Ann Stetson, President
856 Dover Street
Boca Raton, Fl. 33487*