

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 21 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000017301

1. Corporation Name

CARVER Builders, Inc.

2. Principal Office Address

4284 Hwy 90

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 644

Suite, Apt. #, etc.

City & State

Pace FL

City & State

Milton, FL

Zip

32571

Country

Santa Rosa

Zip

32572

Country

Santa Rosa

4. Date Incorporated or Qualified
To Do Business in Florida

2-28-94

5. FEI Number

59-3234766

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

S. Ellen CARVER

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

4284 Hwy 90

Suite, Apt. #, Etc.

City

Pace

State

FL

Zip Code

32571

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

S. Ellen Carver

Date

11-19-02

REGISTERED AGENT MUST SIGN

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.	S. Ellen CARVER	4284 Hwy 90	Pace, FL 32571

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:

S. Ellen Carver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-19-02

Date

850-994-1400

Daytime Phone #

CR2E081 (9/01)