

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg. 1 of 2
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Gathered Harnes
Secretary of State
DIVISION OF CORPORATIONS

99-00AR

DOCUMENT # P95000037124

1. Corporation Name

COVENANT CARPENTRY, Inc.

2. Principal Office Address

705 Homer Ave.

Suite, Apt. #, etc.

City & State

Lehigh, FL

Zip Country
33971 USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5/8/95

5. FEI Number

65-0580947

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 Robert E. Bowers, Jr.

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

705 Homer Ave.

Suite, Apt. #, Etc.

City Lehigh

State FL

Zip Code 33971

400003225154-4
-04/26/00-01028-005
****300.00 ****300.00

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 Robert E. Bowers, Jr.

REGISTERED AGENT MUST SIGN

Date 4/11/00

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./Dir.	Robert E. Bowers, Jr.	705 Homer Ave.	Lehigh, FL 33971
Secy/Treas. Dir.	Cynthia P. Bowers	705 Homer Ave.	Lehigh, FL 33971

KE

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:

Signature and Typed or Printed Name of Signing Officer or Director
Robert E. Bowers, Jr.

Date 4/11/00

Daytime Phone # 941-369-3511

CR2E081 (9/99)

COVENANT CARPENTRY, INC.

705 Homer Avenue
Lehigh, FL 33971
(941) 369-3511

April 11, 2000

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

RE: Covenant Carpentry, Inc.
Reinstatement

Dear Sirs:

Upon preparing for 1999 Taxes, it has come to our attention that our Company's 1999 Annual Report was not filed. We were unaware of this situation until last month. A phone call to the Department of State informed us by a Mr. Hampton, that the Registered Agent listed is Robert E. Bowers, Jr., (the undersigned), BUT the address listed was that of our Accountant. Therefore, we were not notified of it needing to be filed. We would very much like to reinstate the Company, and am enclosing the Corporation Reinstatement form, completely filled out and signed by me. The current address for the Registered Agent has been changed to reflect my home address.

Further enclosed is a check for \$300.00, for payment of the 1999 Annual Report, together with the 2000 Annual Report fee. Thank you so much for your assistance in this matter.

Sincerely,



Robert E. Bowers, Jr.
Pres., Dir., and Owner