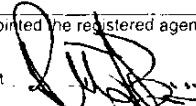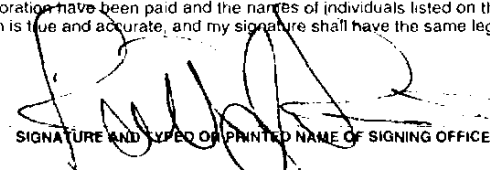# PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION FOR REINSTATEMENT | FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS | FILED |

DOCUMENT # P95000048879

99 MAY 18 AM 10: 44

SECRETARY OF STATE TALLAHASSEE FLORIDA

1. Corporation Name

Advanced Carpentry Inc.

W99-10370
W98-6472

Principal Place of Business

~~PO Box 151018~~
Cape Coral, FL ~~33915~~
33909

Mailing Address

2135 NE 28th ST
Same

REINSTATEMENT 96-99

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
Same	Same	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5 FEI Number 650589654	Applied For / Not Applicable
City & State	City & State	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED ☐	**$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Robert Birnbaum	2135 NE 28th St	Cape Coral, Fl 33909
Vice Pres.	Robert Birnbaum		
Sec.	Robert Birnbaum		
Treas.	Robert Birnbaum		

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-06/16/99--01003--002
***1200.00 ***1200.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Robert J. Birnbaum PO Box 151018 Cape Coral, FL 33915	Name Street Address (P.O. Box Number is Not Acceptable) 2135 NE 28th St Suite, Apt. # etc. City Cape Coral State FL Zip Code 33909

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

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN   Date 4/25/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐   (See other side for information on intangible tax.)

12. 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: _____   4/25/99 941-985-4306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E040 (1-98)