

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS...

DOCUMENT # **P95000048879**

1. Corporation Name

ADVANCED CARPENTRY, INC.

Principal Place of Business

Mailing Address

**2135 NE 28TH STREET
CAPE CORAL FL 33909**

**PO BOX 157018
CAPE CORAL FL 33915**

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

Suite, Apt. #, etc.
80 Santa Monica
City & State
Port Charlotte, FL
Zip
33983

Suite, Apt. #, etc.
PO Box 151018
City & State
CAPE CORAL, FL
Zip
33915

4. Date Incorporated or Qualified
To Do Business in Florida

06/20/1995

5. FEI Number

65-0589654

Applied For

Not Applicable

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 3	City / State / Zip 4
PVST	BIRNBAUM, ROBERT J	2135 N.E. 28TH STREET	CAPE CORAL FL 33909
			800004719928-8
			-12/12/01--01012--019
			****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BIRNBAUM, ROBERT J
2135 N.E. 28TH STREET
CAPE CORAL FL 33909**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

11-24-01

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 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

Date

Daytime Phone #

11-24-01

FILED

01 NOV 28 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2001

CR2040 (8/01)