

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000048879

1. Corporation Name

ADVANCED CARPENTRY, INC.

Principal Place of Business

~~30 SANTAREM CIR.~~  
PORT CHARLOTTE FL ~~33909~~

Mailing Address

P.O. BOX 151018  
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

2640 Pebble Creek Pl  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Zip Country

33948

Zip Country

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) | Name of Officers<br>and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|----------|--------------------------------------|---|---------------------|
| 1        | 2                                    | 3   | 4                   |
| PVST     | BIRNBAUM, ROBERT J                   | 2135 N.E. 28TH STREET                             | CAPE CORAL FL 33909 |
|          |                                      |   |                     |
|          |                                      |   |                     |
|          |                                      |   |                     |
|          |                                      |   |                     |
|          |                                      |   |                     |
|          |                                      |   |                     |

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

2-24-03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-24-03

239-627-4502

FILED  
03 APR 15 AM 7:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
REINSTATEMENT 02-03

000013553790  
04/15/03--01024--010 \*\*150.00

000013553790  
03/05/03--01072--005 \*\*750.00

CR2E040 (8/02)