


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 DEC 17 PM 2:02

DOCUMENT # **P96000014809**

1. Corporation Name
ALLISON + CARROLL BUILDERS INC.

2. Principal Office Address
896 DAFFODIL DR

Suite, Apt. #, etc.

3. Mailing Office Address
896 DAFFODIL DR.

Suite, Apt. #, etc.

REINSTATEMENT **99-01**

City & State
WEIINGTON FL

City & State
WEIINGTON FL

4. Date Incorporated or Qualified To Do Business in Florida
2/16/96

Zip
33414

Country
PALM BEACH

Zip
33414

Country
PALM BEACH

5. FEI Number
65-0641390

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
TERRY ALLISON

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

Suite, Apt. #, Etc.

City
WEIINGTON

State
FL

Zip Code
33414

700004741547--9
 -12/27/01--01049--013
 ***1050.00 ***1050.00

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 **Terry Allison** Date **12/11/01**

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
P	PATRICIA DiMASSINO	896 DAFFODIL DR.	WEIINGTON FL 33414
V	TERRY ALLISON	''	''
T	PATRICIA DiMASSINO	''	''
S	TERRY ALLISON	''	''

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: **Terry Allison** Date **12/11/01** CE11
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Daytime Phone # **561-793-7247**

CRE2001 (9/00)