

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

02 APR 26 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-05/09/02--01008--013  
\*\*\*1350.00 \*\*\*1350.00

**REINSTATEMENT** 1998-2002

DOCUMENT # P96000035028

1. Corporation Name

Alex + Bob Carpentry

2. Principal Office Address

3231 NW 12 Place

Suite, Apt. #, etc.

3. Mailing Office Address

3231 NW 12 Place

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Fl.

City & State

Ft. Lauderdale, Fl.

Zip

33311 Broward

Country

Zip

33311 Broward

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4-19-96

5. FEI Number

65-0660416

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

Alex Gibbons

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

3231 NW 12 Place

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33311

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

Alex Gibbons  
REGISTERED AGENT MUST SIGN

Date

4-20-02

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

V

Robert Ingram

1801 NW 7 Place

Ft Lauderdale, Fl. 33311

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

Alex Gibbons

Date

4/20/02

Daytime Phone #

954)584-3165