


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		05 AUG -8 AM 10:05	
DOCUMENT # P96000091099					
1. Corporation Name Docobo and Carson Inc.					
2. Principal Office Address 4015 S. Westshore Suite, Apt. #, etc. unit 2 City & State Tampa FL Zip 33611 Country Hillsborough		3. Mailing Office Address 4516 Rogers Ave Suite, Apt. #, etc. City & State Tampa FL Zip 33611 Country Hillsborough		4. Date Incorporated or Qualified To Do Business in Florida NOV 6 1996	
5. FEI Number 59-3411912				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name Neil S. Schecht, P.A.					
Street Address (P.O. Box Number is Not Acceptable) 3630 W. Kennedy Blvd Tampa, FL 33609					
Suite, Apt. #, Etc.					
City State FL Zip Code					
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 Date 5-18-05 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	Phillip M. Carson	4516 Rogers Ave.	Tampa FL 33611		
T	Lisa M. Carson	4516 Rogers Ave.	Tampa FL 33611		
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: Phillip M. Carson 5-18-05 813 837 5418 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					