

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 OCT 26 PM 2:39

DOCUMENT # P97000023477

1. Corporation Name

David L McCarty, Inc

2. Principal Office Address

Lake City FL
Rt 27 Box 2491

3. Mailing Office Address

PO Box 280

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City FL

City & State

Lake City FL

Zip

32024

Country

Zip

32056

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/20/1997

5. FEI Number

59-3437580

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

McCarty Amanda

400004677924-1

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

Rt 27 Box 2491

11/14/01 01014-02

***750.00 ***750.00

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32024

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 Amanda McCarty

Date 10/25/01

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
D	McCarty Amanda	Rt 27 Box 2491	Lake City FL 32024
D	McCarty David L	Rt 27 Box 2491	Lake City FL 32024

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

10/25/01

Date

758 8100

Daytime Phone #

CR2E081 (9/00)