

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000083692**

1. Corporation Name

CARRIAGES UNLIMITED, INC.

800024578388
11/12/03--01002--035 **758.75

2. Principal Office Address

217 N. SPRING GARDEN

Suite, Apt. #, etc.

3. Mailing Office Address

2914 RIVER POINT DR.

Suite, Apt. #, etc.

City & State

DELAND, FLORIDA

City & State

DAYTONA BEACH, FLORIDA

Zip

32720

Country

USA

Zip

32118

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/1997

5. FEI Number

593472459

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

CHARLES W. LATERNER

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

2914 RIVER POINT DR.

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State
FL

Zip Code

32118

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

Charles W. Laterner

Date **11-4-03**

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	IRVING C. JUHL	217 N. SPRING GARDEN	DELAND, FL. 32720
P	R. KEVIN WAIT	2914 RIVER POINT DR.	DAYTONA BEACH, FL. 32118
V.I.S	DENISE M. WAIT	2914 RIVER POINT DR.	DAYTONA BEACH, FL. 32118
D	CHARLES W. LATERNER	2914 RIVER POINT DR.	DAYTONA BEACH, FL. 32118

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

PRES. R. KEVIN WAIT

11/4/03

Date

Daytime Phone #

(386) 547-0705

CR2E001 (10/02)