

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 21 PM 3:38

DOCUMENT # P98000013283

1. Corporation Name

CARTER STEPHENS, INC.

Principal Place of Business

Mailing Address

1209 W. KENNEDY BLVD
TAMPA FL 33609

1209 W. KENNEDY BLVD
TAMPA FL 33609



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date incorporated or Qualified
To Do Business in Florida

02/10/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3497853

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CARTER, MORGAN Edward Carter	812 GROVE PARK AVE.	TAMPA FL 33609
VD	DOYLE, DAN JR	48 N. PINE CIRCLE #3 Stonegate Dr	BELLEAIR FL 33756
SD	MCCAFFERY, JOHN	1222 BROOKHAVEN PLACE 1800 Century Blvd. N.E. Suite 910	TAMPA FL 33609 Atlanta, Ga. 30345
			700003514657--3 -12/27/00-01071 014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CARTER, E. CARLTON
1209 W. KENNEDY BLVD.
TAMPA FL 33609

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

E. Carlton Carter
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/19/00

CR2E040 (8/00)

11. 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:

E. Carlton Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/19/00 83.258.3900

Daytime Phone #