

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 APR 10 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000041849

1. Corporation Name

CARROLL CONSTRUCTION COMPANY

Principal Place of Business Mailing Address  
150 S. WOODLAWN AVENUE 150 S. WOODLAWN AVENUE  
BARTOW FL 33830 BARTOW FL 33830



REINSTATEMENT

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/08/1998	
City & State		City & State		SP	
Zip		Zip		5. FEI Number	
Country		Country		59-3516816	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D/P	CARROLL, BRUCE D	655 S. BROADWAY AVENUE	BARTOW FL 33830
D/V	Carroll, Brian C	780 S. Floral Avenue	Bartow, FL 33830
			700003230137-9
			-05/01/00--01003--019
			*****900.00 *****900.00
S	Carroll, Judy W	655 S. Broadway Ave	Bartow, FL 33830

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CARROLL, BRUCE D 150 S. WOODLAWN AVENUE BARTOW FL 33830		Name Brian C. Carroll Street Address (P.O. Box Number is Not Acceptable) 780 S. Floral Ave. Suite, Apt. #, Etc. Bartow City Bartow State FL Zip Code 33830	

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 [Signature] **SIGNATURE REQUIRED** Date 4/5/2000

REGISTERED AGENT MUST SIGN

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: [Signature] **SIGNATURE REQUIRED** Date 4/5/2000 (863) 533-1622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2ED40 (8/99)