

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000074500

1. Corporation Name

Carter Group Inc

2. Principal Office Address - No P.O. Box #

719 Mt. Vernon St.

Suite, Apt. #, etc.

Suite #1

City & State

Orlando, FL

Zip

32803

Country

usa

3. Mailing Office Address

PO 530071

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32853

Country

usa

4. Date Incorporated or Qualified
To Do Business in Florida
8-24-1998

5. FEI Number

65-0874130

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

Butch Carter

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

719 Mt. Vernon Street

Suite, Apt. #, Etc.

#1

City

Orlando

State

FL

Zip Code

32803

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

Butch Carter

Date

3/12/19

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
	BUTCH CARTER	719 MT. VERNON ORLANDO, FL. USA 32803	ORLANDO/FL/32803

10. E-mail Address: buthcarter@rogers.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

BUTCH CARTER

Butch Carter

3-12-19

416.520.8082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #