

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 MAY 17 P 4: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P99000029914

1. Corporation Name

Carmart of Blountstown, Inc

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

19984 Central Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 507

Suite, Apt. #, etc.

City & State

Blountstown FL

Zip

Country

32424 USA

City & State

Blountstown FL

Zip

Country

32424 USA

7. Name and Address of Current Registered Agent

Name

Stephen B. Bailey

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

20189 Dogwood Ave SW

Suite, Apt. #, etc.

City

Blountstown

State

FL

Zip Code

32424

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

59-3582868

Applied For

Not Applicable

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

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5-12-10

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
Pr	Stephen B. Bailey	20189 Dogwood Ave SW	Blountstown FL 32424

REINSTATEMENT

09-10
JES

10. E-mail Address: subway@a9tcom.net

(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., 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/10 850-674
8410
Date Daytime Phone #