


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATION  03 AUG 15 PM 12:16	
DOCUMENT # <u>29900031831</u>					
1. Corporation Name: <u>J &amp; W CARPENTER ASSOC.</u>					
2. Principal Office Address <u>6499 Longlake Dr.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>6499 Longlake Dr.</u> Suite, Apt. #, etc.		REINSTATEMENT <u>01-03</u>	
City & State <u>Port Orange, FL</u>		City & State <u>PORT ORANGE</u>		4. Date incorporated or Qualified To Do Business in Florida <u>4/7/99</u>	
Zip <u>32128</u>		Country <u>USA</u>		5. FEI Number <u>59-3562748</u>	
				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>WILLIAM CARPENTER</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>6499 Longlake Dr.</u>					
Suite, Apt. #, Etc.					
City <u>Port Orange</u>					
State <u>FL</u>					
Zip Code <u>32128</u>					
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 <u>William Carpenter</u>					
Date <u>8/12/03</u>					
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					
<u>PRES. Judith Carpenter</u>					
<u>6499 Longlake Dr.</u>					
<u>Port Orange, FL 32128</u>					
<u>V. PRES. William Carpenter</u>					
<u>6499 Longlake Dr.</u>					
<u>Port Orange, FL 32128</u>					
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: <u>William Carpenter</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>8/11/03</u>					
Daytime Phone # <u>386-767-8029</u>					

CR2E081 (10/02)