

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000041795

1. Corporation Name

RIGHT WAY CARPENTRY, INC.

Principal Place of Business

Mailing Address

~~404 NW 6TH AVE~~
~~CAPE CORAL FL 33903~~

~~404 NW 6TH AVE~~ 16279 HORIZON RD
~~CAPE CORAL FL 33903~~ N. FT. MYERS, FL 33917

16279 HORIZON RD
N. FT. MYERS, FL 33917

FILED
03 OCT 31 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/05/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0915147

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
PVST	SULLIVAN, TIMOTHY	404 NW 6TH AVE - 16279 HORIZON RD	CAPE CORAL FL 33903 - 33917 N. FT. MYERS, FL
D	SULLIVAN, TIMOTHY	404 NW 6TH AVE - 16279 HORIZON RD	CAPE CORAL FL 33903 - N. FT. MYERS, FL 33917

300024383123
11/03/03 01077-009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~DEROUEN, SHELLY A~~
~~1953 COLONIAL BLVD~~
~~FT MYERS FL 33907~~

Name

TIMOTHY SULLIVAN

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

16279 HORIZON RD.

Suite, Apt. #, Etc.

City

N. FT. MYERS

State

FL

Zip Code

33917

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

Date *10/20/03*

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] TIMOTHY S SULLIVAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)