PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEME				DEPART Secretary SION OF C	y of St		E	200	FILED TNOV-1 AM 8:49)	
DOCUMENT # 501871 1. Corporation Name KEYIN BALLARD						CARPENTRY INC.			SE TAL	SECRETARY OF STATE ALLAHASSEE, FLORIDA		
W107 53458												
11004-320 AVE N.E. (100					ng Office Address H-3ro Ave. N.E.				CR2E081 (1/07)			
								4. Date Incorporated or Qualified To Do Business in Florida 9 – 13 – 1990				
City & State	ident	ÐЯ	City & State	City & State Bradenton FLA				5. FEI Number F. Q. 20055 Applied For				
Zip Country 34212 USA			Zip 2U2					Not Applicable S8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Regist						_	2011				a definitions of dialact	
Name KEVIN BALLAYO Street Address (P.O. Box Number is Not Acceptable) 11004 380 AVE NE. Suite, Apt. #, Etc.									The 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.			
Bradenton						State Zip Code FL 34212-			ree be	waived.		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0 Signature of Registered Agent Date REGISTERED AGENT MUST SIGN										on 607.0505 or 617.0503, F.S. Date // 21/0	7	
9. Names	and Street Ad	dresses	of Each Officer	and/or Director (Fig	orida nonpro	ofit corpo	rations must list	at lea	ast 3 directors)		· · · · · · · · · · · · · · · · · · ·	
Titles	Name of Officers and/or Directors			ors	Street Address of Each Officer and/or Director					City / State	/ Zip	
MES	KEVIN Ballaro				11004-300 AVE N			N	.E.	Beadenton	FLA34212	
_										 101114658 /0701006007	379 **150.00,	
						900111465879 11/20/0701042015 **158.					\sim	
	REI								ETATEMENT			
										20	06-07	
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 contained in Chapter 119, 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 cath. SIGNATURE: SIGNATURE:												
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #												