PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F95000005086

1. Corporation Name

BOAN CONTRACTING COMPANY, INC.

REINSTATEMENT

Principal Place of Business	Mailing Address
PO BOX 778 GREENVILLE AL 36037	PO BOX 778 GREENVILLE AL 36037

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/19/1995

5. FEI Number: 63-0422932 ☐ Applied For ☐ Not Applicable

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
CV	BOAN, ALAN D	HWY 31 N.	GREENVILLE AL 36037
VCP	BOAN, BARRY E	HWY 31 N.	GREENVILLE AL 36037
STD	BOAN, LAURICE D	HWY 31 N.	GREENVILLE AL 36037
D	BOAN, DEAN E	HWY 31 N.	GREENVILLE AL 36037

800003493398--8
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****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
NABORS, SCOTT R ESQ 456 HARRISON AVE PANAMA CITY FL 32401	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/00)

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.

Signature of Registered Agent: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN

Date: 11/13/00

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.

KE

SIGNATURE: Barry E. Boan Barry E. Boan — 11/16/00 — 334-382-6558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #