

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 21 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H81263**

1. Corporation Name

L.G. TAYLOR CONSTRUCTION, INCORPORATED

900003924699--7
-03/29/01--01009--005
***1050.00 ***1050.00

2. Principal Office Address

132 MARGARET CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

132 MARGARET CIRCLE

Suite, Apt. #, etc.

City & State

LYNN HAVEN, FL

City & State

LYNN HAVEN, FL

Zip

32444

Country

USA

Zip

32444

Country

USA

REINSTATEMENT 09-01

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/1985

SP

5. FEI Number

59-2585209

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LLOYD G. TAYLOR

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

132 MARGARET CIRCLE

Suite, Apt. #, Etc.

City

LYNN HAVEN

State

FL

Zip Code

32444

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

Lloyd G. Taylor
REGISTERED AGENT MUST SIGN

Date

3-19-01

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
P	TAYLOR, LLOYD G.	132 MARGARET CIRCLE	LYNN HAVEN, FL 32444
VS	TAYLOR, WILMA L.	132 MARGARET CIRCLE	LYNN HAVEN, FL 32444

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)(j), 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

Lloyd G. Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/19/01 (850) 271-1043

Daytime Phone #

CR2E081 (9/00)