

APPLICATION
FOR

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000036186

1. Corporation Name

A & W CONSTRUCTION SERVICES, INC.

Principal Place of Business

Mailing Address

301 DIVISION AVE #10
ORMOND BEACH FL 32174
USP. O. BOX 2996
ORMOND BEACH FL 32175
US

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

P.O. Box 1416

Ormond Beach Florida

32175

Volusia

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/1993

5. FEI Number

59-3185678

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ABERCROMBIE, RICKY J	4100 PIUTE LN	ORMOND BEACH FL 32174
STD	WITTENBERG, RUSSELL P	992 SHOCKNEY DR	ORMOND BEACH FL 32174
V	WEST, EDWARD W.	105 QUIET TRAIL DR	DAYTONA BCH FL

600003459796--7

-11709700--01118--014

****150.00 ****150.00

WUBR 78

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ABERCROMBIE, RICK J
301 DIVISION AVE #10
ORMOND BEACH FL 32174

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 AgentSIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-19-00

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-19-00



P.O. Box 2996 • Ormond Beach, FL 32175 • 904/673-6100 • fax: 904/673-4299

October 19, 2000

Florida Department of State
Div. of Corporations
P.O.Box 6327
Tallahassee, Fl. 32314

To Whom It May Concern,

We filed our annual report in May of 2000. I couldn't find our original year 2000 form so I altered the 1999 form and mailed it to your office. This week we received the notice that we had been dissolved and I called the phone number provided and learned that our application was returned in June. We never received that returned form or I would have complied with the revisions. We changed our post office box at approximately the same time and possibly it was lost. I checked our bank reconciliation and the first check was never cashed. We are enclosing another check for \$150.00 and the application for reinstatement.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rick J. Abercrombie', written in a cursive style.

Rick J. Abercrombie,
President