

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 SEP 21 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H57125**

1. Corporation Name

PYRAMID CONSTRUCTION & DESIGN INC

Principal Place of Business

Mailing Address

320 W. PERSHING

TALLAHASSEE, FL

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

2. New Principal Office Address, If Applicable

320 W. PERSHING ST
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

320 W. PERSHING ST
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

5-15-85

5. FEI Number

59-2526521

Applied For

Not Applicable

City & State

TALL FL

City & State

TALL

Zip

32301

Country

LEON

Zip

32301

Country

LEON

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WESER KHUFU	320 W. PERSHING ST.	TALL FL 32301
D	KERMITT WASHINGTON	" " "	" " TS. 9/21
D	ABRAHAM WASHINGTON	REINSTATEMENT	" " 95-98
D	JAMES WASHINGTON	" " "	" " "
D	FRANK WANZA	" " "	500002648435--7 -08/24/98--01080--019 ***1208.75 ***1208.75
D	EARL WASHINGTON	320 W. PERSHING ST.	TALL FL 32301

8. Name and Address of Current Registered Agent

WESER RA KA KHUFU
320 W. PERSHING ST.
TALLAHASSEE, FL 32301

9. Name and Address of New Registered Agent

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 Agent

Weser Ra Ka Khufu

REGISTERED AGENT MUST SIGN

Date **9/21/98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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: **WESER RA KA KHUFU** **Weser Ra Ka Khufu**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/98
Date

850-681-2777
Daytime Phone #