

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 OCT 27 PM 1:40

DOCUMENT # **003203**

1. Corporation Name

**WOOD-HOPKINS CONTRACTING COMPANY**

Principal Place of Business

Mailing Address

1901 HILL STREET  
 P O BOX 3215  
 JACKSONVILLE FL 32206-0215

1901 HILL STREET  
 P O BOX 3215  
 JACKSONVILLE FL 32206-0215

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

2. New Principal Office Address, if Applicable  
 5200-77 Center Drive

3. New Mailing Office Address, if Applicable  
 5200-77 Center Drive

Suite, Apt. #, etc.  
 Suite 100

Suite, Apt. #, etc.  
 Suite 100

City & State  
 Charlotte, NC

City & State  
 Charlotte, NC

Zip Country  
 28217

Zip Country  
 28217

4. Date Incorporated or Qualified To Do Business in Florida

03/14/1906

5. FEI Number

59-0516010

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
VP	GURRY, J EDWARD H. Max Deal	9117 OLD BARNETTE PALOE 5627 Sharon Rd.	HUNTERVILLE NC 28078 Charlotte, NC 28210
S	CAMPBELL, MARY C James Y. Preston	1901 HILL STREET 2500 Charlotte Plaza	JACKSONVILLE FL 32202 Charlotte, NC 28244
D	ROWE, O REGAN JR	1195 E 4TH ST 29 Wentworth St.	CHARLOTTE NC 28204 Charleston, SC 29401
D/C/P	SPEICHER, GLENN G. Robert R. Dunn	1901 HILL ST BOX 3215 5200-77 Center Dr, Ste 100	JACKSONVILLE FL Charlotte, NC 28217

8. Name and Address of Current Registered Agent

MARY C CAMPBELL  
 1901 HILL STREET  
 JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name  
 CI Corporation System  
 Street Address (P.O. Box Number is Not Acceptable)  
 1200 S. Pine Island Rd.  
 Suite, Apt. #, Etc.  
 City  
 Plantation  
 State  
 FL  
 Zip Code  
 33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of Registered Agent  
**JENNIFER FAULTMAN**  
 ASSISTANT SECRETARY

Date 10-22-99

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 807 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 807.0401 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: Robert R. Dunn  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/21/99 (704) 527-3336  
 Daytime Phone #



REINSTATEMENT 99

CR2E040 (8/99)