



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 22 AM 7:21

DOCUMENT # 414935

1. Corporation Name

Keesling Construction, Inc.

2. Principal Office Address

615 Dupont St

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

Zip

Country

33950

US

3. Mailing Office Address

615 Dupont St

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

Zip

Country

33950

US

REINSTATEMENT

02-04

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/1972

5. FEI Number

59-1431470

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

Gerald L. Keesling

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

26440 Indian Trail Drive

Suite, Apt. #, Etc.

City

Punta Gorda

State

FL

Zip Code

33950

100039486911

07/23/04--01066--001 **1050.00

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

Gerald L. Keesling

REGISTERED AGENT MUST SIGN

Date 7-22-04

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/b	Gerald L. Keesling	26440 Indian Trail Dr.	Punta Gorda, FL 33950
V/S/O	Clinton Keesling	197 Tarpon Cove Blvd. #622	Punta Gorda, FL 33950

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)(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:

Kut

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-04

Date

941-639-3166

Daytime Phone #

CR2E081 (01/04)