

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 24 AM 8:00

DOCUMENT # F 00000001619

1. Corporation Name

HEDGES CONSTRUCTION COMPANY OF GA

REINSTATEMENT 03-04
MRS

700035714147

05/06/04--01057--008 **750.00

2. Principal Office Address
277 N.E. BROAD ST.

3. Mailing Office Address
277 N.E. BROAD ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FAIRBURN GA

City & State
FAIRBURN GA

Zip Country
30213 USA

Zip Country
30213 USA

4. Date Incorporated or Qualified
To Do Business in Florida 03/23/2000

5. FEI Number 58-2032246 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
NATIONAL REGISTERED AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable)
526 E. PARK AVE.

Suite, Apt. #, Etc.

City
TALLAHASSEE

State Zip Code
FL 32301

700035714147

05/24/04--01000--003 **150.75

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

Janita Mahoney, Asst Secretary
REGISTERED AGENT MUST SIGN

Date 4-26-04

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	KALB, THOMAS A	277 NE BROAD ST	FAIRBURN GA 30213
T	BELKNAP, CHRISTOPHER M	277 NE BROAD ST.	FAIRBURN GA 30213

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)(l), 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:

Thomas A. Kalb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/2004

Date

770 969-5522

Daytime Phone #

CR2E081 (01/04)