

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
 01 NOV -1 PM 2:50

DOCUMENT # **F00000004656**

1. Corporation Name
DOUGLAS ASPHALT COMPANY

Principal Place of Business Mailing Address
 101 NORTH PETERSON AVENUE, SUITE 201 101 NORTH PETERSON AVENUE, SUITE 201
 DOUGLAS GA 31533 DOUGLAS GA 31533



REINSTATEMENT

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 | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 08/16/2000 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 58-1153967 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 |
|----------|-----------------------------------|--|---|
| PTCD | SPIVEY, JOEL H | 12331 HIGHWAY 32 WEST | AMBROSE GA 31512 |
| VSD | SPIVEY, RONNIE A | 311 BARRINGTON ROAD | DOUGLAS GA 31533 |
| | | | 500004696095--6 -11/28/01--01012--018 ****750.00 ****750.00 |

| | | | |
|---|--|--|--------------------|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| MADSON, T S II, ESQ 3401 S.E. HAWTHORNE ROAD GAINESVILLE FL 32609 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Suite, Apt. #, Etc. | |
| | | City | State FL |

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 **SIGNATURE REQUIRED** Date **10/23/01**

REGISTERED AGENT MUST SIGN

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: **SPIVEY, RONNIE A** 10 24 01 (912)384-8114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (8/01)