

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 10:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F00000004772

1. Corporation Name

B & N CONSTRUCTION CO. OF NORTH CAROLINA

Principal Place of Business

Mailing Address

1354 LAFOREST LN
CONCORD NC 28027

1354 LAFOREST LN
CONCORD NC 28027



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

56-2088400

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	FOSTER, BRADLEY D	1354 LAFOREST LN	CONCORD NC 28027

600025761836
12/26/03--01012--014 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature of Jennifer F. Faulman

Date

12/22/2003

REGISTERED AGENT MUST SIGN

JENNIFER F FAULTMAN
ASSISTANT SECRETARY

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

Signature of Bradley D. Foster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/03
Date

704-720-9645
Daytime Phone #

CR2E040 (7/03)