

PLEASE READ ALL INSTRUCTIONS BEFORE COMF

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000006406

1. Corporation Name

Denark Construction, Inc.

2. Principal Office Address

1635 Western Ave.

Suite, Apt. #, etc.

City & State

Knoxville, TN

Zip

37921

Country

US

3. Mailing Office Address

1635 Western Ave.

Suite, Apt. #, etc.

City & State

Knoxville, TN

Zip

37921

Country

US

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/2000

5. FEI Number

62-1248947

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

NRAI Services, Inc.

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

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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.

NRAI Services, Inc.

Signature of
Registered Agent

by: Zulma M. Howarth

REGISTERED AGENT MUST SIGN

Date

11-5-03

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
PD	Rothermel, Frank H.	1635 Western Avenue	Knoxville, TN 37921
VD	Jubran, Raja	1635 Western Avenue	Knoxville, TN 37921
S	Adams, Theresa S.	1635 Western Avenue	Knoxville, TN 37921

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raja Jubran

11/04/2003 (865)637-1925

Date

Daytime Phone #

CR2ED01 (10/02)