

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR -9 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800093729078
03/19/07--01032--012 **1200.00

REINSTATEMENT

CR2E081 (1/07)

DOCUMENT # F02000003938

1. Corporation Name

CONCEPTS UNLIMITED CONSTRUCTION, INC.

2. Principal Office Address - No P.O. Box #

709 YOUNGSTOWN PKWY

Suite, Apt. #, etc.

367

City & State

Altamonte Springs, FL

Zip

132714

Country

USA

3. Mailing C... Address

P.O. Box 915923

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32791

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

August 1, 2002

5. FEI Number

860573148

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

A Allan Meyer

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

520 SABAL LAKE DR.

Suite, Apt. #, Etc.

#110

City

Longwood

State

FL

Zip Code

32779

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date Mar 6/07

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.O.	A. ALLAN MEYER	520 SABAL LAKE DR #110 Longwood FL 32779	Longwood FL 32779
Sec.	TREVOR A. MEYER	709 YOUNGSTOWN PKWY #367 Altamonte Springs FL 32714	Altamonte Springs FL 32714

REINSTATEMENT

04-07

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 contained in Chapter 119, 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

A. ALLAN MEYER

Feb. 22/07

Date

9075751426

Daytime Phone #