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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
ANCO CONSTRUCTION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

Electronic Filing Menu

Corporate Filing Menu

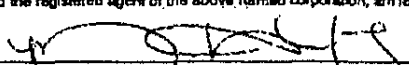
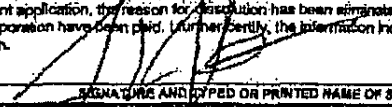
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APR -5 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F07000003894					
1. Corporation Name ANCO CONSTRUCTION, INC					
2. Principal Office Address - No P.O. Box if			3. Mailing Office Address		
192 CR 509			P.O. BOX 130		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State CORINTH MS			City & State CORINTH MS		
Zip 38834	Country USA	Zip 38835	Country USA	4. Date Incorporated or Qualified To Do Business in Florida AUGUST 2, 2007	
5. FEI Number 64-0502730				☐ Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐				7.5 Additional Fee (required for a Certificate of Status)	
7. Name and Address of Current Registered Agent					
Name Corporation Service Company					
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street					
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 607.0503 or 617.0503, F.S.					
Signature of Registered Agent 		Matthew Young Asst. V. Pres.		Date 04/04/2011	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PRES	JOHN FRANK HARVELL	192 CR 509		CORINTH MS 38834	
SEC	JON KEVIN HARVELL	192 CR 509		CORINTH MS 38834	
REINSTATEMENT					
10-11 B 4/5/11					
10. E-mail Address: mechelle@ancoconstruction.net / kevin@ancoconstruction.net (To be used for future annual report notification)					
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. I further certify, 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: 		Corp. Secretary		Date 4/4/11	Daytime Phone # 662-287-1494