

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC -2 AM 8:01

DOCUMENT # **F72599**

1. Corporation Name

SUDLOW CONSTRUCTION CORPORATION

Principal Place of Business

48 GREENTREE ST.
P.O. BOX 5
HOMOSASSA SPRINGS FL 34447

Mailing Address

48 GREENTREE ST.
P.O. BOX 5
HOMOSASSA SPRINGS FL 34447

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

2. New Principal Office Address, If Applicable

~~98 ATUENACT~~
Suite, Apt. #, etc.
~~HOMOSASSA FLA~~
City & State

3. New Mailing Office Address, If Applicable

~~PO Box 5~~
Suite, Apt. #, etc.
~~HOMOSASSA SPRINGS, FLA~~
City & State

4. Date Incorporated or Qualified To Do Business in Florida

03/18/1982

5. FEI Number

59-2262992

Applied For
Not Applicable

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|----------------------|
| PD | SUDLOW, JAMES T | 48 GREENTREE ST. | HOMOSASSA FL |
| D | SUDLOW, SAMMIE K | 48 GREENTREE ST. | HOMOSASSA FL |
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400009312914
12/03/02--01031--001 **750.00

8. Name and Address of Current Registered Agent

SUDLOW, JAMES T.
48 GREENTREE ST.
HOMOSASSA FL 34446

9. Name and Address of New Registered Agent

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 REQUIRED
[Signature]

REGISTERED AGENT MUST SIGN

Date 12/2/02

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:

SIGNATURE REQUIRED
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)