

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

99 DEC 21 AM 11:42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F84637**

1. Corporation Name  
**SEE CONTRACTORS, INC.**

Principal Place of Business Mailing Address  
**14561 58TH ST. N.  
 CLEARWATER, FL 33760** **2 - SAME.**

**REINSTATEMENT 97-99**

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

|  |         |  |         |  |  |
|--|---------|--|---------|--|--|
| 2. New Principal Office Address, If Applicable |         | 3. New Mailing Office Address, If Applicable |         | 4. Date Incorporated or Qualified To Do Business in Florida<br><b>06/09/1982</b> |  |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc.                          |         | 5. FEI Number<br><b>59-2192459</b>   |  |
| City & State                                   |         | City & State                                 |         | Applied For<br>None  |  |
| Zip  | Country | Zip  | Country | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>             |  |

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip   |
|----------|-----------------------------------|---|----------------------|
| DTS      | DOUG J. EBBERS                    | 2452 CHADDING CIRCLE  | CLEARWATER, FL 33760 |
| P        | R. DEAN AKERS                     | 4607 N. 56TH STREET   | TAKA, FL 33610       |
|          |                                   |   |                      |
|          |                                   |   |                      |
|          |                                   |   |                      |
|          |                                   |   |                      |

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 -12/23/99--01008--017  
 \*\*\*1058.75 \*\*\*1058.75

8. Name and Address of Current Registered Agent

**DARRYL RICHARDS  
 JOHNSON BLAKLEY, POPE & BOKOR  
 100 NORTH TAKA ST.  
 SUITE 1800  
 TAKA, FL 33602**

9. Name and Address of New Registered Agent

|  |                    |          |
|--|--------------------|----------|
| Name   |                    |          |
| Street Address (P.O. Box Number is Not Acceptable) |                    |          |
| Suite, Apt. #, Etc.                                |                    |          |
| City   | State<br><b>FL</b> | 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.

Signature of Registered Agent **TRM** REGISTERED AGENT MUST SIGN Date **12-17-99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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:  **12-15-99** **725-463-0369**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**KE**