

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 13 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002462

1. Corporation Name

General Contractors of America, Inc.

REINSTATEMENT 00-06

2. Principal Office Address

3. Mailing Office Address

P.O. Box 2543

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Athens, TX.

Zip

Country

Zip

Country

75751

USA

4. Date Incorporated or Qualified
To Do Business in Florida

15 Mar '92

5. FEI Number

75-2420879

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

MARION J. ARNOLD

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

2300 TOWN ST.

400064504374

01/25/06--01026--006 **1093.75

Suite, Apt. #, Etc.

City

PENSACOLA

State
FL

Zip Code

32505

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

Marion J. Arnold
REGISTERED AGENT MUST SIGN

Date 1/12/06

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 |
|--------|--------------------------------------|---|-----------------------------|
| Pres. | <u>Anthony H. Duwall</u> | <u>P.O. Box 3373</u> | <u>Pensacola, FL. 32516</u> |
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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:

Anthony H. Duwall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony H. Duwall

12 Jan 06

Date

(214) 808-3009

Daytime Phone #

13 Jan 05

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To Whom it may concern;

I did Not receive the 2000 Annual report forms
by mail due to unknown circumstances, problems
in mail,



General Contractors of America, Inc.