

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

**FILED**  
99 AUG 16 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003288**

1. Corporation Name

**A.G. GASTON CONSTRUCTION COMPANY, INC.**

Principal Place of Business

**310 18th STREET NORTH  
SUITE 500  
BIRMINGHAM, AL 35203**

Mailing Address

**P.O. BOX 697  
BIRMINGHAM, AL 35201**

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

**07/19/1993**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**63 - 0884987**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CPD	BALTON, KIRKWOOD R.	310 18th STREET NORTH Ste 500	BIRMINGHAM, AL 35203
S	SKANES, JOSIE	310 18th STREET NORTH SUITE 500	BIRMINGHAM, AL 35203
VPD	HOWLETT, WALTER JR	310 18th STREET NORTH SUITE 500	BIRMINGHAM, AL 35203
V	SAUNDERS, KENNETH JR	310 18th STREET NORTH SUITE 500	BIRMINGHAM, AL 35203
	.		
	.		

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

**300002964945--1**

Suite, Apt. #, Etc

**08/19/99-01086-015**

**\*\*\*\*900.00 \*\*\*\*900.00**

City

State

Zip Code

**FL**

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

*Karna R. Duff*

REGISTERED AGENT MUST SIGN

Date **8-12-99**

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:

*Kirkwood R. Balton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**8-3-99**

(205) 328 - 5454  
Daytime Phone #

CR2E001 (12/98)