

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2016 AUG -3 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006314

1. Corporation Name

Retaining Walls Company, Inc.

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box # 725 Branch Drive		3. Mailing Office Address 725 Branch Drive	
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. Suite A	
City & State Alpharetta, GA		City & State Alpharetta, GA	
Zip 30004	Country USA	Zip 30004	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 5/13/1991		Applied For <input type="checkbox"/>
5. FEI Number 58-1953662		Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent			
Name CT Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd			
Suite, Apt. #, Etc.			
City Plantation	State FL	Zip Code 33324	

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08/03/16--01013--019 **3900.00

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

Connie Buys

Date **08/03/2016**

REGISTERED AGENT SIGN

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
P	Graham Lemmon	725 Branch Drive, Suite A	Alpharetta, GA 30004
V	Nathan Lemmon	725 Branch Drive, Suite A	Alpharetta, GA 30004
V	William A Groff, Jr.	725 Branch Drive, Suite A	Alpharetta, GA 30004
S/T	Ben Walker	725 Branch Drive, Suite A	Alpharetta, GA
REINSTATEMENT		AUG 3 2016	
		R. HUNT	

10. E-mail Address: erin@retainingwalls.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Nathan Lemmon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/2016

770-772-7701

Date

Daytime Phone #