

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000002642

1. Corporation Name

ELLIS-DON CONSTRUCTION, INC.

Principal Place of Business

2045 OXFORD ST. E.  
LONDON ONTARIO CANADA N6A 4M6

Mailing Address

2045 OXFORD ST. E.  
LONDON ONTARIO CANADA N6A 4M6

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

05/28/1996

5. FEI Number

91-1454114

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)

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
1	2	3	4
P	BOOCHER, JAMES	4980 GALLAREE LANE	NORCROSS GA
DP	Smith, Geoffrey	163 Wychwood Park	London, On N6G 1S1 Canada
V	NELSON, BRAD	81 WHEELER AVE.	DORCHESTER ONTARIO CANADA
V	Blair, Bruce	9027 Park Grove St.	Huntersville NC 28078
S	KING, JAMES	40 SCOTSDALE ST.	LAMBETH ONTARIO CANADA NOL 1S3
DS			
T	BERNHARDT, JOHN	87 HALIBUTRTON RD.	LONDON ONTARIO CANADA N6K 3C3
DT			
DC	SMITH, DONALD J	1400 CORLEY DR	LONDON ONTARIO CANADA
V	Chapman, Steve	191 Jeanette St.	Canton GA 30114
			500002756605--3
			-01/27/99--01072--013
			***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

ST. JOHN, GREG  
2801 S. BAYSHORE DR., #1800  
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name  
Skrid, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
201 Alhambra Circle  
Suite, Apt. #, Etc.  
1102  
City  
Coral Gables  
State  
FL  
Zip Code  
33134

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

*Greg St. John*  
REGISTERED AGENT MUST SIGN

Date 1-19-98

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Greg St. John*

01/19/1999 (519) 455-6770  
Date Daytime Phone #

CR2040 (8/97)