

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F97000003712**

1. Corporation Name

**MAPP CONSTRUCTION, INC.**

Principal Place of Business

Mailing Address

8940 BLUEBONNET ROAD  
BATON ROUGE LA 70810

PO BOX 80627  
BATON ROUGE LA 70898

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

4. Date Incorporated or Qualified To Do Business in Florida

07/16/1997

5. FEI Number

72-1188687

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
V	LAHAYE, MARK G	8940 BLUEBONNET RD	BATON ROUGE LA 70810
VCP	POLITO, MICHAEL A	8940 BLUEBONNET RD	BATON ROUGE LA 70810
V	HRNCIR, PATRICK V	8940 BLUEBONNET RD	BATON ROUGE LA 70810
VD	SETLIFF, RICHARD	8940 BLUEBONNET RD	BATON ROUGE LA 70810

700023907417  
10/17/93 01058 003 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

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. or 617.0505, F.S.

Signature of Registered Agent

*Mark G. LaHaye*

REGISTERED AGENT MUST SIGN

Date

10/17/93

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., 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:

*Mark G. LaHaye*

Mark G LaHaye

Date

10/17/93

Daytime Phone #

CR2E040 (7/03)