

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **F97000004434**

1. Corporation Name

**Sun Belt General Contractors, Inc.**

2. Principal Office Address

**1395 S. Marietta Pkwy  
Bldg 700**

Suite, Apt. #, etc.

**Bldg 700 Ste 708**

City & State

**Marietta GA**

Zip

**30067**

Country

**Cobb Co**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

**B**

**00-01**

4. Date Incorporated or Qualified  
To Do Business in Florida

**8/22/1997**

5. FEI Number

**58-2260498**

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

**CT Corporation System**

**100004706191**

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

**1200 South Pine Island Road**

**-12/05/01--01058--012**

**\*\*\*\*300.00 \*\*\*\*300.00**

Suite, Apt. #, Etc.

City

**Plantation**

State

**FL**

Zip Code

**33324**

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

*[Signature]*

**Allan Farnell, Assistant Vice**

**President**

Date **11-1-01**

REGISTERED AGENT MUST 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
Pres	Steven G Fuller	1395 S. Marietta Pkwy Bldg 700 Ste 708	Marietta, GA 30067
Sec	Bette McManus	1395 S. Marietta Pkwy Bldg 700 Ste 708	Marietta, GA 30067

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 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]*

**Bette McManus**

**10/30/2001**

**770 514 7252**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #