

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # F98000006239

1. Corporation Name

Leigh Construction, Inc. d/b/a
Leigh Construction of North Carolina, Inc.

2. Principal Office Address

1805 Industrial Ctr C

3. Mailing Office Address

P.O. Box 561176

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Charlotte, NC

City & State

Charlotte, NC

Zip

28213

Country

USA

Zip

28256-1176

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/12/98

5. FEI Number

56-1951595

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 Corporations System

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

1200 South Pine Island Road

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

Connie Bryan

Connie Bryan, Special Asst. Sec.
REGISTERED AGENT MUST SIGN

Date 10-1-01

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/T/M	Helen Leigh	1805 Industrial Ctr. Ci.	Charlotte, NC 28213
V/D	Derek Leigh	1805 Industrial Ctr. Ci.	Charlotte, NC 28213
S	Donna Hager	1805 Industrial Ctr. Ci.	Charlotte, NC 28213

REINSTATEMENT

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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:

Helen Leigh

Helen Leigh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/01

Date

704-599-1493

Daytime Phone #

MW

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Leigh Construction, Inc. d/b/a

Leigh Construction of North Carolina, Inc.

- | | | |
|--|---|---|
| ☐ Profit | ☐ Amendment | ☐ Merger |
| ☐ Nonprofit | | |
| ☐ Foreign | ☐ Dissolution/Withdrawal | ☐ Mark |
| | ☒ Reinstatement | |
| ☐ Limited Partnership | ☐ Annual Report | ☐ Other |
| ☐ LLC | ☐ Name Registration | ☐ Change of RA |
| | ☐ Fictitious Name | ☐ UCC |
| ☐ Certified Copy | ☐ Photocopies | ☐ CUS |
| ☐ Call When Ready | ☐ Call If Problem | ☐ After 4:30 |
| ☒ Walk In | ☐ Will Wait | ☒ Pick Up |
| ☐ Mail Out | | |

01 OCT - 1 AM 11:31
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

RECEIVED

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

10/1/01

Order#: 4816643

Ref#: _____

Amount: \$ _____

Today!
Please!
MS
Thanks,
Me (and)

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615