

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

AND
FILED

98 NOV 30 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H37344

1. Corporation Name

SURIN CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

16711 TEQUESTA TRAIL
PO BOX 120953
CLERMONT FL 34712-7953

16711 TEQUESTA TRAIL
PO BOX 120953
CLERMONT FL 34712-7953

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

01/09/1985

5. FEI Number

59-2479666

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	SURIN, GARY A.	16711 TEQUESTA TRAIL	CLERMONT FL
V	SURIN, CYNTHIA A.	16711 TEQUESTA TRAIL	CLERMONT FL

700002707517--8
-12/09/98-01074-015
****150.00 ****150.00

11/20/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SURIN, GARY
16711 TEQUESTA TRAIL
CLERMONT FL 32711

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.

Signature of
Registered Agent

Gary Surin

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/20/98

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:

Gary Surin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/20/98

Daytime Phone #

CR2E040 (9/98)

Assured Accounting Services, Inc.

240 Mohawk Road
Clermont, Florida 34711
352-394-4048
Fax 352-394-3272

119 W. Lemon Street
Lady Lake, Florida 32159
352-753-1337
Fax 352-753-9336

November 20, 1998

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Surin Construction
ID # 59-2479666

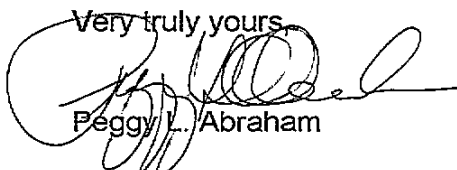
Dear Sir or Madam:

Enclosed please find the application for reinstatement for the above referenced corporation.

The stockholders of the corporation thought their bookkeeper paid and mailed in the annual report on a timely basis. During the time the report was due, the bookkeeper's husband died unexpectedly. She neglected to mail the annual report and fees in.

We are respectfully requesting that the penalties be waived, due to this hardship.

Very truly yours,



Peggy L. Abraham

PLA:jk
Enclosures