

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 15 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # H48431

1. Corporation Name

Roy E. Bryant & Sons Construction Co. Inc.

2. Principal Office Address

21 EDWARDS Shore

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

HAWES CITY FL

Zip

33844

Country

USA

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

3-21-85

5. FEI Number

59-2518704

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

Roy E. Bryant

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

21 EDWARDS Shore

Suite, Apt. #, Etc.

City

HAWES CITY

State

FL

Zip Code

33844

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

Roy E. Bryant  
REGISTERED AGENT MUST SIGN

Date

12/12/00

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
DP	Roy E. Bryant	21 EDWARDS Shore	HAWES CITY FL 33844
DV	Jeff Bryant	4 ORANGE	DAVENPORT FL 33
DS	JUDY BRYANT	21 EDWARDS Shore	HAWES CITY FL 33844
DT	Tim Bryant	21 EDWARDS Shore	HAWES CITY FL 33844

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy E. Bryant

Date

12/12/00

Daytime Phone #

863-439-4907

KE