

1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 31 AM 9:21

DOCUMENT # **H61896**

1. Corporation Name

JAMES E BYRD CONSTRUCTION INC

2. Principal Office Address

5704 CHARMONTE WAY

3. Mailing Office Address

P O BOX 3624

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MILTON FL

City & State

MILTON FL

Zip

32570

Country

SANTA ROSA

Zip

32572

Country

SANTA ROSA

**REINSTATEMENT**

4. Date Incorporated or Qualified

To Do Business in Florida 06-14-85

5. FEI Number

59-2968575

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

JAMES E BYRD

Street Address (P.O. Box Number is Not Acceptable)  
5704 CHARMONTE WAY

Suite, Apt. #, Etc.

City

MILTON

State

FL

Zip Code

32570

900055916819  
06/09/05--01072--012 \*\*300.00

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

*James E Byrd*  
REGISTERED AGENT MUST SIGN

Date 05/26/05

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	JAMES E BYRD	5704 CHARMONTE WAY	MILTON, FL 32570

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:

*James E Byrd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-26-05

Date

850  
623-2885

Daytime Phone #

CR2E081 (01/05)

2 of 2

**L & L Bookkeeping & Tax Services, Inc.**

5917 Quintette Road  
Pace, FL 32571-9715  
Phone: (850) 994-6536  
Fax: (850)994-2170  
LANDLBKKG@AOL.COM

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May 26, 2005

To Whom It May Concern:

*This letter is in reference to James E. Byrd Construction Inc. I am the accountant for James E. Byrd Inc., as I was reviewing their file I noticed that they had not paid their corporate renewal for the past two years. The years in question are 2004 and 2005. When I asked them about this they said they have never received any notifications regarding their renewal. We are asking that the penalties be waived and their corporation to be reinstated. Thank you in advance for your help on this matter. If any further information is needed please feel free to contact me.*

Sincerely,

*Laura K Maddox*  
Laura K. Maddox

President