

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2002  
CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 OCT 23 PM 1:03

DOCUMENT # J45712

1. Corporation Name

OLIN CONSTRUCTION CO. INC.

2. Principal Office Address

2600 Lucerne Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 180190

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32303

Country

USA

City & State

Tallahassee, FL

Zip

32318

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2745290

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

Olin R. Grantham

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

2600 Lucerne Dr.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

Olin R. Grantham

REGISTERED AGENT MUST SIGN

Date

10/21/02

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. Olin R. Grantham (P) 2600 Lucerne Dr.

Tall, FL 32303

200008548752  
10/23/02--01042--017 \*\*150.00

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

Olin R. Grantham  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/02

Daytime Phone #

5626906

CR2E081 (9/01)



OLIN  
CONSTRUCTION  
COMPANY, INC.  
P.O. BOX 180190  
TALLAHASSEE, FL 32318  
(850) 562-6906  
FAX (850) 562-3569  
OLIN GRANTHUM  
PRESIDENT

October 21, 2002

To Whom It May Concern:

Olin Construction Co., Inc. never received the Uniform Business Report for the 2001-2002 year due to an address change. The mail should have been forwarded as we had the address change in effect for twelve months, however due to circumstances out of our control, the post office did not forward this report to us. We apologize for the inconvenience and appreciate your understanding in this matter.

Should you have any questions, feel free to call our operations manager at (850) 562-6906, her name is Kelly MacDonald.

Sincerely,

A handwritten signature in cursive script, appearing to read "Olin R. Granthum".  
Olin Granthum  
Olin Construction

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 OCT 23 PM 1:04