

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 24 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J83192**

1. Corporation Name

ERIC LONGSHORE GENERAL CONTRACTOR INC.

2. Principal Office Address

1480 N OAK PARK AVENUE

Suite, Apt. #, etc.

City & State

AVON PARK, FL

Zip

33825

Country

USA

3. Mailing Office Address

1480 N OAK PARK AVE

Suite, Apt. #, etc.

City & State

AVON PARK, FL

Zip

33825

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06-29-1987

5. FEI Number

59-2937878

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

900010705579
01/24/03-01/07-007 ***900.00
REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

DEVON P. DONALDSON

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

120 SOUTH ANOKA AVENUE

Suite, Apt. #, Etc.

City

AVON PARK

State

FL

Zip Code

33825

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

[Signature]

Date **1-15-03**

REGISTERED AGENT MUST SIGN

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	ERIC LONGSHORE	1480 N OAK PARK AVENUE	AVON PARK FL 33825
ST	BRENDA LONGSHORE	1480 N OAK PARK AVENUE	AVON PARK FL 33825

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

863-453-6181

Daytime Phone #

CR2E081 (10/02)

2/12/03