

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUN -1 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K52114**

1. Corporation Name  
**Raymond HERRING Construction Co., INC**  
**P.O. BOX 18646**  
**PANAMA CITY BEACH, FL 32417**

2. Principal Office Address

**P.O. BOX 18646**

3. Mailing Office Address

**P.O. BOX 18646**

*NOO-13012*

**REINSTATEMENT** *90-00*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date incorporated or Qualified  
To Do Business in Florida

**12-19-1988** **SP**

City & State

**PANAMA CITY Bch, FL**

City & State

**PANAMA CITY Bch, FL**

5. FEI Number

**59-2920624**

Applied For

Not Applicable

Zip Country

**32417 USA**

Zip Country

**32417 USA**

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Raymond HERRING**

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

**403 ANEMONE ST.**

**200003299332-9**

Suite, Apt. #, etc.

**-06/21/00-01082-006**

**\*\*\*1050.00 \*\*\*1050.00**

City

**PANAMA CITY Bch**

State  
**FL**

Zip Code

**32407**

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

*Raymond Herring*

REGISTERED AGENT MUST SIGN

Date **5-29-2000**

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	RAYMOND HERRING	P.O. BOX 18646	PANAMA CITY Bch, FL 32417
VP	FRANCES HERRING	P.O. BOX 18646	PANAMA CITY Bch, FL 32417

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:

*Raymond Herring*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/4/00**

Date

**(850) 814-4686**

Daytime Phone #

CR2E081 (9/99)