

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAR -2 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01683**

1. Corporation Name

CALHOUN CONSTRUCTION COMPANY

2. Principal Office Address

310 Dillard Street, Ste 200

3. Mailing Office Address

P.O. Box 770157

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

City & State

Winter Garden, FL

City & State

Winter Garden, FL

Zip

34787

Country

Zip

34777-0157

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/13/89

SP

5. FEI Number

65-0143403

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

CALHOUN, WAYMOND H JR

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

13102 SHORE DRIVE

Suite, Apt. #, Etc.

City

WINTER GARDEN

State

FL

Zip Code

34787

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]
REGISTERED AGENT MUST SIGN

Date **2/14/00**

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
STD	CALHOUN, TILDA DUKE	13102 Shore Drive	WINTER GARDEN, FL 34787
VPD	CALHOUN, WAYMOND	13102 SHORE DRIVE	WINTER GARDEN, FL 34787
P	CALHOUN, WAYMOND H J	13102 SHORE DRIVE	WINTER GARDEN, FL 34787

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

WAYMOND H CALHOUN, JR

2/14/00

Date

(407) 877-7569