

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 30 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L54927**

1. Corporation Name

BELOWDAKE SAND & STONE INC

2. Principal Office Address

2410 MOIR CIRCLE

Suite, Apt. #, etc.

City & State

WELLINGTON FL

Zip

33414

Country

U.S.A

3. Mailing Office Address

2410 MOIR CIRCLE

Suite, Apt. #, etc.

City & State

WELLINGTON FL

Zip

33414

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/90

5. FEI Number

65-0190766

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

CAROL COMYNS

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

2410 MOIR CIRCLE

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

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

X Carol Comyns

REGISTERED AGENT MUST SIGN

Date **5/26/2000**

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
PRES	JAMES A. COMYNS	2410 MOIR CIRCLE	WELLINGTON, FL 33414
Sec/ Treas	CAROL COMYNS	2410 MOIR CIRCLE	WELLINGTON FL 33414

REINSTATEMENT 94-02 SD
W00000015294

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: **X Carol Comyns**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/2000

Date

Daytime Phone #