

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 17 AM 8:00

DOCUMENT # **N24450**

1. Corporation Name
The Greater Construction Corp. Charitable Foundation

1105 Kensington Park Dr
~~P.O. Box 3878~~

2. Principal Office Address
1105 Kensington Park Dr

3. Mailing Office Address
~~P.O. Box 3878~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Altamonte Springs, FL

City & State
~~Longwood, FL~~

Zip Country
32714 USA

Zip Country
~~32781 USA~~

REINSTATEMENT 02-04
MRS

4. Date Incorporated or Qualified
To Do Business in Florida 1/21/1988

5. FEI Number Applied For
59-2870807 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
John F. Lowndes

Street Address (P.O. Box Number is Not Acceptable)
215 North Eola Drive

Suite, Apt. #, Etc.

City
Orlando

State Zip Code
FL 32801

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 _____
REGISTERED AGENT MUST SIGN

Date 9/14/04

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
DP	Robert A. Mandell	1105 Kensington Park Dr	Altamonte Springs, FL 32714
D	John F. Lowndes	215 North Eola Dr	Orlando, FL 32801
D	Lester Mandell	1105 Kensington Park Dr	Altamonte Springs, FL 32714

600041129956
03/17/04 01081 087 **358.75

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/14/04

Daytime Phone #

CR2E081 (01/04)