

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

98 DEC 15 AM 11:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N50666**

1. Corporation Name

**FLORIDA ASSOCIATED GENERAL CONTRACTORS FOR BETT
 ER GOVERNMENT, INC.**

Principal Place of Business

Mailing Address

~~215 S. MONROE ST
 STE 500
 TALLAHASSEE FL 32301
 US~~

P.O. BOX 10569
 TALLAHASSEE FL 32302
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



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 -12/22/98-01083-015

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

304 N. Meridian St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

City & State

City & State

Tallahassee FL

Zip **32301**

Country **US**

Zip

Country

4. Date Incorporated or To Do Business in Florida **09/01/1992**

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
T	MCLEAN, ARCH R. Allen Douglas	P.O. BOX 10569 N/A 304 N. Meridian St Ste 1	TALLAHASSEE FL 32301
PD	ALFRED, BARRY Daniel Vogel	4501 BEVERLY AVENUE 2720 Dranefield Rd	JACKSONVILLE FL Lakeland FL 33811
D	HENDERSON, BARKLEY	2617 AUSTRALIAN AVE	WEST PALM BEACH FL 33407
D	BUNHAM, MICHAEL T Stevan Hall	2144 ROSELLE STREET	JACKSONVILLE FL 32203
D	GERESCHER, MICHAEL	201 F STREET	PENSACOLA FL

REINSTATEMENT

12/18/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCLEAN, ARCH
215 S. MONROE ST
STE. 500
TALLAHASSEE FL 32301

Name **R. Allen Douglas**

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

304 N. Meridian St

Suite, Apt. #, Etc.

Suite 1

City

Tallahassee

State

FL

Zip Code

32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **12/4/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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 REQUIRED Robert Allen Douglas 12/4/98 8502222421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/98)