

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

P.O. BOX 10569

STE. 500

TALLAHASSEE FL 32301

US

US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

304 N. Meridian St

Suite, Apt. #, etc.

Suite 1

City & State

City & State

Tallahassee FL

Zip

Country

Zip

Country

32301

US

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	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	ALLRED, 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. Steven 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

Date 12/4/98

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert Allen Douglas 12/4/98 8502222421

Date

Daytime Phone #

CR2ED40 (8/98)