

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50666

1. Corporation Name

FLORIDA ASSOCIATED GENERAL CONTRACTORS FOR BETTE
R GOVERNMENT, INC.

Principal Place of Business

Mailing Address

2934 BAYSHORE DR
TALLAHASSEE FL 32309
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.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 91-2065232
NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
ST	DOUGLAS, R. ALLEN	200 W. COLLEGE AVE. STE 205	TALLAHASSEE FL 32301
PD	GERWIG, LARRY	620 DREW ST.	CLEARWATER FL 33755
VD PD	BRIAN, PETERSEN	8517 S. PARK CIRCLE, STE 200	ORLANDO FL 32819
VD	Hedrick, Dale	2200 Centrepark West Dr. Suite 100	West Palm Beach, FL 33409 000024762570 11/17/03--01097--013 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOUGLAS, R. ALLEN

~~2934 BAYSHORE DR~~
~~TALLAHASSEE FL 32309~~

Name

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

1395 Shotgun Rd.

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33326

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/9/03

11. 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

11/9/03

Date

850/222-2421

Daytime Phone #

CR2E040 (7/03)