

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
 FOR
 REINSTATEMENT

FILED
 03 NOV 17 PM 3:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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



REINSTATEMENT 03

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/01/1992	
City & State		City & State		5. FEI Number 91-2065232 NOT APPLICABLE	
Zip		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4 City / State / Zip
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 *Douglas R. Allen* Date 11/9/03
 REGISTERED AGENT MUST SIGN

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: *Douglas R. Allen* Date 11/9/03 Daytime Phone # 850/222-2421
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)