


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 97 FEB 10 PM 4:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N94000001472 (9)					
1. Corporation Name EAST PASCO COUNTY CONTRACTORS ASSOCIATION, INCORPORATED					
Principal Place of Business 12152 FORT KING ROAD DADE CITY, FL. 33525		Mailing Address P.O. BOX 485 DADE CITY, FL. 33526-0000			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable P.O. BOX 1819 Suite, Apt. #, etc. City & State DADE CITY, FLORIDA Zip Country 33526-1819 PASCO		4. Date Incorporated or Qualified To Do Business in Florida 03/25/94 5. FEI Number 59-3228257	
				Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)					
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	Country
1	2	3	4	5	6
P/D	GORDON R. LARKIN	37438 MERIDIAN AVE.	DADE CITY, FL.	33525	
T/D	LANI PRILLIMAN	6402 HUNTINGTON DR.	ZEPHYRHILLS, FL.	33540	
S/D	RICH CONNOR	11724 ELM ST.	SAN ANTONIO, FL.	33576	
D	REX HAWLEY	32818 PEACHTREE LANE	ZEPHYRHILLS, FL.	33544	
D.	BILL POE	21125 TRILBY CEMETERY RD.	TRILBY, FL.	33593	
D	GRADY L. CUNNINGHAM	12152 FORT KING ROAD	DADE CITY, FL.	33525	
8. Name and Address of Current Registered Agent					
GRADY L. CUNNINGHAM 12152 FORT KING ROAD DADE CITY, FL. 33525					
9. Name and Address of New Registered Agent					
Name JB2-11-97					
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL					
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 <i>Grady L. Cunningham</i> Date 1-24-97 REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>Grady L. Cunningham</i> 1-24-97 352-567-5143					

CR2E040 (12/95)