

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 26 AM 11:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000051773

1. Corporation Name

MOTES CONSTRUCTION, INC.

2. Principal Office Address

4165 Huckleberry Finn

Suite, Apt. #, etc.

City & State

Milton, FL

Zip

32583

Country

3. Mailing Office Address

4165 Huckleberry Finn

Suite, Apt. #, etc.

City & State

Milton, FL

Zip

32583

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/26/2000

5. FEI Number

593661433

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name
Michael K. Motes, Sr.

Street Address (P.O. Box Number is Not Acceptable)
4165 Huckleberry Finn

Suite, Apt. #, Etc.

City
Milton

State
FL

Zip Code
32583

200025780192
12/25/03-01097-037 **750 00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/23/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Michael K. Motes, Sr.	4165 Huckleberry Finn	Milton, FL 32583
VP	Adam M. Motes	4165 Huckleberry Finn	Milton, FL 32583

10. 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

Date

Daytime Phone #

12/23/03 8506263471

CR2E081 (10/02)