

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 21 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000061300

1. Corporation Name

Ron Donaldson Construction Specialties Inc

2. Principal Office Address - No P.O. Box #

4133 Narvarex Way S

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 14502

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

Zip

33712

Country

USA

Zip

33733-4502

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

May 2000

5. FEI Number
593662858

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RON DONALDSON

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

4133 Narvarex Way S

Suite, Apt. #, Etc.

City

ST PETERSBURG

State

FL

Zip Code

33712

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date APRIL 20, 2009

REGISTERED AGENT MUST SIGN

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
P	RON DONALDSON	4133 Narvarex Way S	ST PETERSBURG FL 33712
M	DENNIS SAVAGE	2536 Columbus Way S	ST PETERSBURG FL 33712
		4/21/09	
		700151544987	
		04/21/09--01031--021 **450.00	
		REINSTATEMENT 67-09	

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 contained in Chapter 119, 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:

RON DONALDSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2009

Date

727 502 9849

Daytime Phone #