

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 15 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000061866

1. Corporation Name

E.B.E. Construction Inc.

REINSTATEMENT 01-04

2. Principal Office Address

704 Spring Creek Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 120733
Suite, Apt. #, etc.

City & State

Ocoee FL

City & State

Clermont FL

Zip

34761

Country

USA

Zip

34712

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6-22-00

5. FEI Number

59-3655385

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

Terry Williams

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

704 Spring Creek Dr.

Suite, Apt. #, Etc.

City

Ocoee

State

FL

Zip Code

34761

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

Terry Williams
REGISTERED AGENT MUST SIGN

Date 11-10-04

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	Eric Buffard	12107 Elbert St.	Clermont FL 34711
S	Amber Buffard	12107 Elbert St.	Clermont FL 34711
M	Terry Williams	704 Spring Creek Dr.	Ocoee FL 34761

DR 11/22

800042754778
11/15/04--01073--002 **1200.00

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:

Amber Buffard 11-10-04 407-654-6474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)