

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000063355

1. Corporation Name

SRS CONTRACTORS OF NORTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

4820 EAST AVE
CEDAR GROVE FL

1923 EAST AVE
CEDAR GROVE FL

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

2415 E. Baldwin Rd.

2415 E. Baldwin Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Panama City, FL

City & State
Panama City, FL

Zip
32405

Country
USA

Zip
32405

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/2000

5. FEI Number

593661802

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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 | City / State / Zip |
|----------|--------------------------------------|---|---------------------|
| D | SIDERS, KENNETH A | 9400 N MCCANN RD | SOUTHPORT FL 32409 |
| D | SIDERS, DENISE | 9400 N MCCANN RD | SOUTHPORT FL 32409 |
| | | | 200004719502--7 |
| | | | 12/11/01 01080-008 |
| | | | ***150.00 ***150.00 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIDERS, KENNETH A
1923 EAST AVE
CEDAR GROVE FL

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Kenneth A Siders
REGISTERED AGENT MUST SIGN

Date

10/25/01

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:

Kenneth A Siders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

Date

11/21/01

Daytime Phone #

1-800-588-7053

CR2E040 (8/01)



SRS Contractors

2615 E. Baldwin Rd. Panama City, FL 32405
Phone: (850) 215-4777 Fax: (850) 215-4778

Friday, October 26, 2001

Florida Department Of State
Attn: Katherine Harris
Secretary of State
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Ms. Harris,

We did not receive a letter from your office concerning this matter until this arrived. Enclosed you will find the appropriate fees.

Sincerely,

Ken Siders
President SRS Contractors, Inc.

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