

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 OCT 10 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P-115345

1. Corporation Name Muskogee Creek
Construction, Inc.

2. Principal Office Address

404 Shadeville Rd

Suite, Apt. #, etc.

3. Mailing Office Address

404 Shadeville

Suite, Apt. #, etc.

City & State

Crawfordville FL

City & State

Crawfordville FL

Zip

32327

Country

USA

Zip

32327

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Danyell Robison

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

404 Shadeville Rd

Suite, Apt. #, Etc.

100004642241-5

-10/18/01-01071-020

****158.75 ****158.75

City

Crawfordville

State

FL

Zip Code

32327

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

D Koe

REGISTERED AGENT MUST SIGN

Date 10/10/01

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
Pres.	<u>Jerry Robison</u>	<u>404 Shadeville Rd</u>	<u>Crawfordville FL 32327</u>
VP	<u>Robert Robison</u>	<u>404 Shadeville Rd</u>	<u>Crawfordville FL 32327</u>
Sec. Treas	<u>Danyell Robison</u>	<u>404 Shadeville Rd</u>	<u>Crawfordville FL 32327</u>

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 #

10/10/01 926 4196

CR2E081 (9/00)

To Whom it may concern, Pg 2 of 2

I would like to kindly request that the ~~fees~~ ~~for~~ Reinstatement fees be waived. I never received notices in the mail, and would appreciate your kindness in waiving these fees. I have filled out a reinstatement form and attached \$150.00 to have Muskogee Creek Construction, Inc. reinstated. Should you decide not to reinstate us with the waived fees please contact me @ 443-0144

D Robinson
Danyell Robinson

E.D.W.
12/1/11