

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 14 AM 11:59

DOCUMENT # P00000116932

1. Corporation Name

1 MOORE CONSTRUCTION CO.

2. Principal Office Address

P.O. Box 1297
Brooksville, FL 34605
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1297
Brooksville, FL 34605
Suite, Apt. #, etc.

City & State

Brooksville, FL

Zip

34605

Country

America

City & State

Brooksville, FL

Zip

34605

Country

America

REINSTATEMENT 01-03
EXP

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

2006, Dec. 18

5. FEI Number

593-403-445

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

SHAWN A. MOORE

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

1033 Hammock Road

Suite, Apt. #, Etc.

City

Brooksville

State
FL

Zip Code

34601

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 5/12/03

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
Pres.	Shawn A. Moore	9478 Weatherly Road	Brooksville, FL 34601
Exec. Sec.	Jeanne Griffin	9478 Weatherly Road	Brooksville, FL 34601
			600018960956 05/14/03--01089--004 **1050.00
			600018960956 05/14/03--01089--005 **8.75

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:

Shawn A. Moore 5/12/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-796-7044

Daytime Phone #