

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2003
10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003
DOCUMENT # **P01000004589**

1. Corporation Name

Allison Contracting inc.

2. Principal Office Address

300 Loch Low Ln

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Sanford FL

Zip

32773

Country

USA

City & State

FL

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-1-01

5. FEI Number

59-3169697

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

10-13-03 01008 011 \$150.00

7. Name and Address of Current Registered Agent

Name

Joseph L. Bellamy

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

300 Loch Low Ln

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32773

200023767942

10/13/03--01101--014 **150.00

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

J. L. Bellamy

REGISTERED AGENT MUST SIGN

Date **10-10-03**

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	Joseph L. Bellamy	300 Loch Low Ln	Sanford FL 32773

REINSTATEMENT

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

J. L. Bellamy

10-10-03 (407-383-8583)

Date

Daytime Phone #

CR2E081 (10/02)

B

2082

October 21, 2003

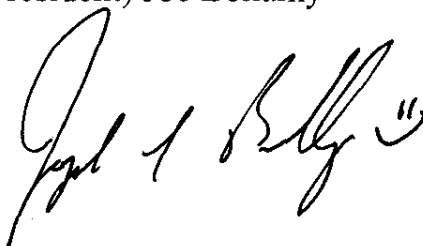
Regarding: Allison Contracting Inc.
EIN: 59-3696971
RE: Waiver for Year's 2002 and 2003
RE: P01000004589

To Whom It May Concern:
Attn: Barbara Mitchell

Please accept my reinstatement dues for calendar year 2002 and 2003. I'm
Asking that the fee's be waived, due to the fact that I didn't receive the 2002
or 2003 notices (Annual Reports) for the years dissolved.

Thank you for your help in this matter,

Allison Contracting Inc. (President) Joe Bellamy

A handwritten signature in black ink, appearing to read "Joe Bellamy" with a stylized flourish at the end.