| Country Same Country Street Address of Current Registered Agent | CORPOR REINSTAT | | | | DEPARTM Secretary of | f State | ATE | SEI BIVIS | FILES CRETARY GE ION OF CORE | 9:31 H 9:31 | 2. |
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| F. Williams Paving Co, Inc. 2. crinopal office Address PARING DR | DOCUME | NT # / | 0 100 | 001754 | 10 | | | U3 | SEL 50 " | - | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Gry & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Applied For Not Applicable Certificate Of STATU ARE Country Stored Address of Current Registered Agent Name Frank Williams Stored Address of Statu Address of Current Registered Agent Name Frank Williams Stored Address of Country Suite, Apt. #, etc. City Lake Inc. City Citate I Zip Code File 338/b 10-12- City Citate I Zip Code File 338/b Code City Citate I Zip City City Citate I Zip City City City City City City City City | | | | | | | :- | 09/237 | 10023 03-01020 | 26513 001 ** | 377 300.00 |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. | 2. Principal Office | Address ARBY | ox Da U | 3. Mailing | 3. Mailing Office Address | | | REINSTATEMENT 02-03 | | | |
| City & State A KERIAND FL Country 250 338/0 Country 250 Country 250 Country Country | Suite, Apt. #, etc. | 7 | | | | | | 4. Date Incorporated or Qualified | | | |
| 3 3810 Country LSA 7. Name and Address of Current Registered Agent Name FIANL Williams Street Address IP.O. Box Number is Not Acceptable) Suite, Apt. #. Etc. City LAKE IAND State Signature of Registered Agent Registe | City & State | FL | | City & State | | | _ | | | 715/0 | — |
| Name FIANL WILLIAM Street Address of D. Box Number is Not Acceptable) Suito. Apt. #. Etc. City LAKE/IAND S. 1. being appointed the registered agent of the above named curporation, am familiar with and accept the obligations of section 607,0505 or 617,0503, F.S. Signature of Registered Agent Tides Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) P. Names and Street Addresses of Each Officer and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) P. Names and Street Addresses of Each Officer and/or Directors Officer and/or Director P. Name of Officers and/or Directors Officer and/or Directors Officer and/or Director Officer and/or Director or director or the receiver or trustes empowered to execute this application as provided for in chapter 607 or 617, E.S. I further certify that when filling the remarks application, the reason for discoultin that see elementation of the requirements of section 607, 040 or 617, 0401, F.S., that all less owed by the corporation have reason for discoultin that see elementation on the page least effects of imade under oath. The Administration of the page legal effects of imade under oath. The Administration is ling-and accurate, and my signature shall have the same legal effects of imade under oath. The Administration of the Administration is ling-and accurate, and my signature shall have the same legal effects of imade under oath. The Administration of the Administration of the corporate page legal effects of imade under oath. The Administration of the Administration of the corporate page legal effects of imade under oath. The Administration of the Administration of the corporate page legal effects of imade under oath. | Zip * | Countr | • | Zip | Co | ountry | | 6. | v) 0 | S8:75 | Additional Regrequired |
| Street Address P. O. Box Number is Not Acceptable) Suite, Apt. #. Etc. City LAKEIAND State Stat | | | | 7. | Name and Addre | ess of Current R | Registere | d Agent | | | |
| 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 Officer | Suite, City 8. I, being appointed Signature of | Apt. #, Etc. | D. Box Number 4220 | is Not Acceptable) SAAD | y OAK | | pt the ob | | on 607.0505 or | 38/0 617.0503, F.S: | |
| Name of Officers and/or Directors Street Address of Each Officer and/or Director | | 1 | - 4 Fash Office | | | | list at les | at 2 diagrams) | | | |
| 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 filling 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. **A WWW. **A WWW. **Low **Manuary** **Low **Low **Manuary** **Low | | | Name of | | ionda nonproni ce | Street Address | of Each | st 3 directors) | | City / State / | Zip |
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| 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. | | | - | | | | | | | | |
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| -3050MALLES | this reinstateme owed by the cor | ent application poration have on is true and | , the reason for been paid and | dissolution has bee the names of indiv | en eliminated, the duals fisted on thi | corporate name is form do not qua | satisfies t alify for a | the requirements n exemption und oath. | of section 607.0 er section 119.0 | 0401 or 617.0401 7(3)(i), F.S. The ir | , F.S., that all fees nformation indicated |