## FILED PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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000	DOD ATIO	<b>.</b>			DEPARTM			03 SEP 30 AM 8: 59							
	RPORATIO STATEME				Secretary o			SE TAL	CRETARY OF STATE LAHASSEE FLORIDA						
DOCUMENT # DO 100040324 1. Corporation Name DEMOR ENGINEERING & Construction, INC															
										بادیت ل ن <i>ل</i>					
					Office Address		المرابعة المالية	J < 1 €	باللب لديال	ت لەربىيال		B.플·상			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				4							
Oh. 2 Ohda				City & State				4. Date Incorporated or Qualified To Do Business in Florida							
City & State, Longwood Florida				,				5. FEI Number Applied For							
Zip Country			Zip Country				6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status								
3275	50	Sem	mole	٤	;			CERTIFICAT	E OF STATI	JS DESIRED 🖳	for a Ce	rtificate (	of Status		
7. Name and Address of Current Registered Agent															
	ERK DION MOORE														
	Street Address (P.O. Box Number is Not Acceptable)									100023455501					
	Suite, Apt. #, Etc.								!/IJ <u>=</u>	<del>(11/30</del> L	130 🙀	* <del>28.</del>	75		
	city	ഹ	ad .						State FL	Zip Code 3279	50				
8. I, being a		1		e named corpo	oration, am fami	iliar with and accept t	the obl	igations of secti	on 607.05	05 or 617.0503,	F.\$.		(30,002)		
Signature of Registered A		) h	, ~		Date 9 - 22 - 03										
		- ,	RE	GISTERED AG	ENT MUST SI	GN									
9. Names a	and Street Add			or Director (Flo	orida nonprofit d	orporations must list		st 3 directors)	Τ						
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip						
PRES VICE	ERIC DION HOORE				1806	Harley	ہے	<u> </u>	Lon	gwood	FI	32	150		
	GAIL BROWN				1806	MARIE	4	21.	مما	gwad	FI	32	825		
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this rein	statement appli	cation, th	ne reason for disso	lution has beer	n eliminated, the	ecute this application corporate name sati	tisfies t	he requirements	of section	607.0401 or 61	7.0401, F.S	S., that al	lfees		
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.															
0.22 08 (4/2022/10)															
SIGNATURE: 9-27-03 (40)302 3490 SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylifine Phone #															

## Demor

## DEMOR ENGINEERING & CONSTRUCTION, INC.

September 24, 2003

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Dear Sir / Madam:

In August 2001, Demor Engineering and Construction Inc. changed it's mailing address to 1806 Marley Place, Longwood Fl 32750, because of this we did not receive the first or second renewal notice. We are requesting that any past due fees be waived and the corporation reinstated. I am enclosing a check in the amount of three hundred, eight dollars and seventy-five cents (\$308.75) for reinstatement and a certificate of status.

Should you have any questions, please feel free to contact us at (407) 302-3490.

Sincerely,

Goil Brown