

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -5 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

BISHOP CONSTRUCTION GROUP, INC.
PO1000 10 3308

2. Principal Office Address

4102 BANCROFT BLVD

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32833

Country

USA

3. Mailing Office Address

4102 BANCROFT BLVD

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32833

Country

USA

REINSTATEMENT 02-03

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

10/25/01

5. FEI Number

59-3660401

☒ 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

STEVEN BISHOP

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

4102 BANCROFT BLVD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32833

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

Date

11-25-03

REGISTERED AGENT MUST SIGN

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.	STEVEN BISHOP	4102 BANCROFT BLVD ORLANDO FL 3	ORLANDO FL 32833

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:

STEVEN BISHOP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-25-03 - 321-229-7542

Date

Daytime Phone #

CR2E081 (10/02)