

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC -8 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 001000121120

1. Corporation Name

Christopher McCammon Construction, Inc.
4305 Chadwick Street
Pace, FL 32571

300025426423 /
12/11/03--01060--008 **150.00

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

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

5. FEI Number

30-0003224

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

Christopher McCammon

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

4305 Chadwick Street

Suite, Apt. #, Etc.

FL

City

Pace, FL 32571

State

FL

Zip Code

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

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
P	Christopher McCammon	4305 Chadwick St	Pace, FL 32571
VP	Jeffrey Castleberry	6036 Carr Rd	Milton, FL 32583
VP	Fred Salmeron	3670 Brightwood	Pace, FL 32571

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:

Chris McCammon

CHRIS McCAMMON (PRESIDENT)

12/5/03

850 994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2785

CR2E081 (10/02)

20f2

L & L BOOKKEEPING AND TAX SERVICES

5917 Quintette Road
Pace, Florida 32571
Phone: (850) 994-6536
Fax: (850) 994-2170
LandLBkkg@aol.com

October 24, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Christopher McCammon Construction, Inc.
FEIN: 30-0003224

To Whom It May Concern:

Christopher McCammon, President of Christopher McCammon Construction, Inc., did not receive a notice that the annual corporate renewal was due. He realized he did not renew his corporation when he was preparing all documents for the Worker's Compensation Exemption renewal. Please excuse the timeliness of this payment. I have enclosed a check for \$150.00 to renew the corporation. If you have any questions, please contact our office at (850) 994-6536.

Sincerely,

Laura K Maddox

Laura K. Maddox
Owner

10/000/2/1/20