

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000016829

1. Corporation Name

Maurice Albritton Construction, Inc.

2. Principal Office Address - No P.O. Box #

4341 East Kevin Road

Suite, Apt. #, etc.

City & State

Avon Park, FL

Zip

33825

Country

Highlands

3. Mailing Office Address

4341 East Kevin Road

Suite, Apt. #, etc.

City & State

Avon Park, FL

Zip

33825

Country

Highlands

4. Date Incorporated or Qualified  
To Do Business in Florida 02/13/02

5. FEI Number

04-3625590

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

Warwick R. Furr, II

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

22 East Main Street

Suite, Apt. #, Etc.

City

Avon Park

State

FL

Zip Code

33825

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Warwick R. Furr, II*

REGISTERED AGENT MUST SIGN

Date

1/5/09

**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
PD	Daniel G. Albritton	4341 East Kevin Road	Avon Park, FL 33825
VSTD	Marshall G. Albritton	98 Lake Byrd Blvd.	Avon Park, FL 33825

500140053475  
01/08/09--01032--019 \*\*750.00

500140053475  
01/28/09--01027--023 \*\*150.00

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 contained in Chapter 119, 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:

*Daniel G. Albritton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-09

Date

863-453-7871

Daytime Phone #

001/29

REINSTATEMENT

08-09

FILED

09 JAN 28 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA