

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 9:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P02000078610

DEMERE

DEMERE CONSTRUCTION, INC.

REINSTATEMENT 03



200025312162
 12/08/03--01014--016 **150.00

Principal Place of Business

Mailing Address

145 CR 565A
 GROVELAND FL 34736

14745 CR 565A
 GROVELAND FL 34736

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

1. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/18/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

47-0878782

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	DEMERE, KENNETH A	14745 CR 565A	GROVELAND FL 34736
DV	DEMERE, STEVE	14745 CR 565A	GROVELAND FL 34736

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEMERE, KENNETH A
 14745 CR 565A
 GROVELAND FL-34736

Name

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

Suite, Apt. #, Etc.

City

State
 FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Ken Demere

Date

REGISTERED AGENT MUST SIGN

11. 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:

Ken Demere

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



Assured Accounting Concepts, Inc.

240 Mohawk Road
Clermont, Florida 34711
352-394-4048
Fax 352-394-3272

119 W. Lemon Street
Lady Lake, Florida 32159
352-753-1337
Fax 352-753-9336

December 19, 2003

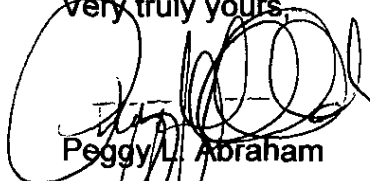
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Demeree Construction, Inc.
47-0878782

Dear Sir or Madam:

As stated in our original letter Mr. Demeree did not realize that the Uniform Business Report needed to be filed annually. He also does not recall receiving the Uniform Business Reports in the mail. As this would create a financial burden for this small corporation we hope that the penalties are abated.

Very truly yours,



Peggy L. Abraham

PLA/vrm
Encs.



Kenneth Demeree