

# 2005 FOR PROFIT CORPORATION REINSTATEMENT


FILED

2005 OCT 13 PH 12: 11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000078610**

1. Entity Name  
**DEMERE CONSTRUCTION, INC.**



Principal Place of Business  
**7936 COFFEE CREEK LANE  
GROVELAND, FL 34736**

Mailing Address  
**7936 COFFEE CREEK LANE  
GROVELAND, FL 34736**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



715105 90120 022 150.00  
10072005 REIN-P CR2E098 (6/04)

4. FEI Number  
**47-0878782**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DEMERE, KENNETH A  
7936 COFFEE CREEK LANE  
GROVELAND, FL 34736**

**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEMERE, KENNETH A 7936 COFFEE CREEK LANE GROVELAND, FL 34736	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DEMERE, STEVE 7936 COFFEE CREEK LANE GROVELAND, FL 34736	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ken Demere 10/10/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



*Assured Accounting, Inc.*

*240 Mohawk Road  
Minneola, Florida 34715  
352-394-4048  
Fax 352-394-3272*

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

October 7, 2005

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

Re: Demeree Construction, Inc.  
47-0878782

Dear Sir or Madam:

Enclosed please find a Reinstatement form for the above referenced corporation. Per our telephone conversation today the shareholder, Mr. Demeree, never received the rejection notice in July regarding his 2005 Annual Report. We are enclosing a signed reinstatement form and a copy of the cancelled check that you received in July with his 2005 annual report form.

The rejection notice should not have occurred as the box for waiver of the \$400 penalty had been checked. You will notice this box is also checked on this form and there should be no penalty assessed.

Kindly correct your records accordingly and advise.

Best regards,

James Rowe, CPA

JR/mm  
Encs.