

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

Oct 24, 2005 8:00 A.M.
Secretary of State

DOCUMENT # P02000092023

1. Entity Name
E. GILLIARD CONSTRUCTION, INC



Principal Place of Business
3000 NW 4TH ST
ATTN: GILLIARD J. EDDIE SR.
POMPANO BCH, FL 33069 US

Mailing Address
3000 NW 4TH ST
ATTN: GILLIARD J. EDDIE SR.
POMPANO BCH, FL 33069 US

TALLAHASSEE, FLORIDA



10172005 REIN-P CR2E098 (6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-2175996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDDIE, GILLIARD J SR
3000 NW 4TH ST
POMPANO BCH, FL 33069

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

Eddie Gilliard
Signature, typed or printed name of registered agent and title if applicable.

Eddie Gilliard
(NOTE: Registered Agent signature required when reinstating)

10-22-2005
DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
GILLIARD, EDDIE J SR
3000 NW 4TH ST
POMPANO BCH, FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
900060922189
10/25/05--01056--010 **150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ 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:

Eddie Gilliard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eddie Gilliard

Date *10-22-2005* Daytime Phone #

954-242-6795

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