

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 15 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000124025

1. Corporation Name

GARLAND CONSTRUCTION, INC.

2. Principal Office Address

7511 Oak Terrace Drive

3. Mailing Office Address

7511 Oak Terrace Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Lakeland, Florida

Zip

33810

Country

U.S.A.

Zip

33810

Country

U.S.A.

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida

11/18/02

5. FEI Number

550813102

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

Sanford Garland

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

7511 Oak Terrace Drive

Suite, Apt. #, Etc.

City

Lakeland

State
FL

Zip Code
33810

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

Sanford Garland

Date

1 9 04

REGISTERED AGENT MUST SIGN

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/D	Garland, Sanford	7511 Oak Terrace Drive	Lakeland, Florida 33810

600027024906
01/15/04--01023--025 **900.00

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 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:

Sanford Garland

Sanford Garland

Date

Daytime Phone #

1 9 04 (863) 670-2915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TR

CR2E081 (10/02)