

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

04 JAN -5 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000128731

1. Corporation Name

PRINCIPAL CONTRACTING GROUP, INC.

Principal Place of Business

Mailing Address

928 OLD MAIL LANE
SANFORD FL 32773

928 OLD MAIL LANE
SANFORD FL 32773

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03



300026025783
01/05/04--01059--017 **158.75

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/2002

5. FEI Number

71-0913272

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FLANIGAN, JERRY S	928 OLD MAIL LANE	SANFORD FL 32773

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLANIGAN, JERRY S
928 OLD MAIL LANE
SANFORD FL 32773

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

Jerry S. Flanigan
REGISTERED AGENT MUST SIGN

Date

12/30/03

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:

Jerry S. Flanigan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/30/03 407-718-2492

Daytime Phone #

CR2E040 (7/03)

DATE: 12/30/03
SUBJECT: APPLICATION FOR REINSTATEMENT
TO: FLORIDA DEPARTMENT OF STATE

PLEASE ACCEPT MY DOCUMENTATION FOR
REINSTATEMENT OF BUSINESS LICENSE FOR
THE FOLLOWING COMPANY:

PRINCIPAL CONTRACTING GROUP, INC.

I DID NOT RECENE MY 2003 UNIFORM
BUSINESS REPORT FORM.

MY PROPER ADDRESS IS: 928 OLD MAIL LANE
SANFORD, FL. 32773

THANK YOU

JERRY FLANIGAN
PRESIDENT
PRINCIPAL CONTRACTING GROUP, INC.

Jerry S. Flanigan