

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000108323

1. Corporation Name

SILER & SONS, INC

2. Principal Office Address - No P.O. Box #  
1028 MCCLELLAND STREET

Suite, Apt. #, etc.

City & State  
CRESTVIEW, FL

Zip Country  
32536 USA

3. Mailing Office Address  
1028 MCCLELLAND STREET

Suite, Apt. #, etc.

City & State  
CRESTVIEW, FL

Zip Country  
32536 USA

7. Name and Address of Current Registered Agent

Name  
CARR, RIGGS & INGRAM LLC

Street Address (P.O. Box Number is Not Acceptable)  
919 WEST JAMES LEE BLVD

Suite, Apt. #, Etc.

City  
CRESTVIEW

State Zip Code  
FL 32536

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 Michael S. Duffe  
REGISTERED AGENT MUST SIGN

Date 9/11/09

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
PD	CALVIN E SILER	196 RADCLIFFE AVENUE	CRESTVIEW, FL 32536
VPD	KENNETH J SILER	497 WILSON STREET	CRESTVIEW, FL 32536
STD	JERRY D SILER	1028 MCCLELLAND STREET	CRESTVIEW, FL 32536

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 contained in Chapter 119, 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: Kenneth J. Siler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850-978-3705

Daytime Phone #

FILED

09 SEP 18 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-09

CR2E081 (12/08)

500160821615

4. Date incorporated or Qualified  
To Do Business in Florida 10/02/2003

5. FEI Number  
20-0080440

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.