

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 15 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO3000122946**

1. Corporation Name

George B. ALLED BUILDING CONTRACTOR INC

2. Principal Office Address

11738 MURCOTT WAY

Suite, Apt. #, etc.

City & State

LAND O LAKES

Zip

34638

Country

PASCO

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

1-1-04

5. FEI Number

37-1477952

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

George B. ALLED

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

11738 MURCOTT WAY

Suite, Apt. #, Etc.

LAND O LAKES

City

State

FL

Zip Code

34638

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

George B. Alled

Date

1-12-06

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	George B. ALLED	11738 MURCOTT WAY	LAND O LAKES, FL 34638
VP	George A. ALLED	9442 TERRACE DR.	HUDSON, FL
S	EVLYN C. ALLED	11738 MURCOTT WAY	LAND O LAKES, FL 34638

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

George B. Alled
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-06

Date

Daytime Phone #

1-12-06

Dept of STATE

I NEVER RECEIVED A NOTICE OF RENEWAL OF 2004
CORPORATION I DID RECEIVE A NOTICE OF
DISSOLVED I WOULD LIKE TO RENEW MY CORPORATION
DOCUMENT NUMBER PD3000122946

George B. ALRED BUILDING CONTRACTOR INC

P. *George B. Alred*