

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 29 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 03000122946

1. Corporation Name

GEORGE B. ALRED BUILDING CONTRACTOR INC.

800178913028
04/29/10--01011--023 **308.75

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

11738 murcott way

Suite, Apt. #, etc.

3. Mailing Office Address

11738 murcott way

Suite, Apt. #, etc.

City & State

LAND O LAKES, FL.

City & State

LAND O LAKES FL.

Zip

34638

Country

PASCO

Zip

34638

Country

PASCO

4. Date Incorporated or Qualified
To Do Business in Florida

2004

5. FEI Number

37-1477852

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. ALRED

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

11738 MURCOTT WAY

Suite, Apt. #, Etc.

City

LAND O LAKES

State

FL

Zip Code

34638

☒ 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.

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. Alred

REGISTERED AGENT MUST SIGN

Date 4 -26-2010

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
OWNER	GEORGE B. ALRED	11738 !!&* MURCOTT WAY	LAND O LAKES, FL. 34638
sec.	evelyn alred	11738 murcott way	LAND O LAKES, FL. 34638
M	GEORGE A. ALRED	7446 terrace dr.	hudson, fl. 34667

REINSTATEMENT

RH

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. Alred
George B. Alred

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2010

Date

Daytime Phone #