

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 22 AM 11:46

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 003000125620

1. Corporation Name

Allen Construction Inc.

REINSTATEMENT

04-05

2. Principal Office Address

210 HighLan Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

210 HighLan Ave.

Suite, Apt. #, etc.

City & State

Santa Rosa Beach FL

Zip
32459

Country

U.S.A.

City & State

Santa Rosa Beach FL

Zip
32459

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

OCT 2002

5. FEI Number

20-0389549

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

Doug Allen

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

210 HighLan Ave.

Suite, Apt. #, Etc.

City

Santa Rosa Beach

State

FL

Zip Code

32459

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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

Doug Allen

Date

12/16/05

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
Pres	Doug Allen	210 HighLan Ave	Santa Rosa Beach FL 32459

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doug Allen

12/16/05

Date

601-953-5052

Daytime Phone #

12/23/05