

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 22 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000136685

1. Corporation Name

RICK CONNOR GRADING & PAVING INC.

2. Principal Office Address

6005 Wickham Road N

Suite, Apt. #, etc.

Unit A-77

City & State

Melbourne, Florida

Zip
32940

Country
BREVARD

3. Mailing Office Address

4332 Parkway Drive

Suite, Apt. #, etc.

City & State

Melbourne, Florida

Zip
32934

Country
Brevard

REINSTATEMENT 05-06
CR2E081 (12/05)

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

5. FEI Number

74-3138485

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

ALLEN MILLER

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

2087 A Sarno Road

Suite, Apt. #, Etc.

City

Melbourne, FL

State
FL

Zip Code
32935

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

Allen Miller
REGISTERED AGENT MUST SIGN

Date 12-20-06

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/ vp Sec Tres.	Richard Connor	4332 Parkway Drive	Melbourne, FL 32935
	<i>miller</i>		

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12/28/06--01045--003 **900.00

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:

Richard Connor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/06
Date

324 254-0864
Daytime Phone #