

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 NOV 13 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000148093

1. Corporation Name

DALLAS CONSTRUCTION, INC.

2. Principal Office Address

2621 Clearbrook Cir  
Suite, Apt. #, etc.

3. Mailing Office Address

2621 Clearbrook Cir  
Suite, Apt. #, etc.

CR2E081 (12/05)

04-06

City & State

Orlando Fla.

City & State

Orlando Fla.

Zip  
32810

Country

Orange

Zip  
32810

Country

Orange

4. Date Incorporated or Qualified  
To Do Business in Florida

12/10/03

5. CEI Number

280435953

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

Samuel Dallas

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

2621 Clearbrook Cir

Suite, Apt. #, Etc.

200081911482

11/17/06 01053 014 \*\*\*40.00

City

Orlando Fla

State

FL

Zip Code

32810

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

Samuel Dallas

Date

11-5-06

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
owner	SAMUEL DALLAS	2621 Clearbrook Cir	Orlando Fla 32810

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:

Samuel Dallas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-5-06

Date

Daytime Phone #

To Whom It May Concern:

I Samuel Dallas did not receive a notice in 2004 or a notice ever. I would therefore like the late fees waived please since I had no knowledge of the letter. Thank You  
Samuel Dallas

Dallas Construction  
2621 Clearbrook Circle  
Orlando, Fl 32810  
321-436-1190 Cellular Number

*Samuel Dallas*