

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 JAN -6 PM 4:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000152731

**1. Corporation Name**

BERRY'S CONSTRUCTION COMPANY OF SHALIMAR, INC

8302 PHAMES RD  
SAME AS PRINCIPAL OFFICE

**2. Principal Office Address**

8302 PHAMES RD

Suite, Apt. #, etc.

City & State

BAKER, FL

Zip

32531

Country

OKALOOSA

**3. Mailing Office Address**

SAME AS PRINCIPAL OFFICE

Suite, Apt. #, etc.

City & State

Zip

Country

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

12/17/2003

**5. FEI Number**

20-0408770

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

JIM WILDER

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

102 OAKHILL AVE

Suite, Apt. #, Etc.

City

FT WALTON BEACH

State

FL

Zip Code

32547

**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

*Jim Wilder*

Date 1/4/2005

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
PSTD	JERRY R BERRY	8302 PHAMES RD	BAKER, FL 32531

900044209999

01/06/05--01031--003 \*\*750.00

**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 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: *Jim Wilder*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*44-3-05 850 865 9896*

CR2081 (01/04)