

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000000824

1. Corporation Name

ALL AROUND CONSTRUCTION GROUP, INC.

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

3672 RED OAK CIRCLE WEST

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

Zip

32073

Country

US

3. Mailing Office Address

8242 KNOTTS LANDING DR, N.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32244

Country

US

FILED

09 OCT 21 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700161893947
10/21/09--01028--003 **150.00

700161893947
10/19/09--01046--004 **150.00

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida **2005**

5. FEI Number
582679577

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
GRAY, JUSTIN V

Street Address (P.O. Box Number is Not Acceptable)
3672 RED OAK CIRCLE WEST

Suite, Apt. #, Etc.

City
ORANGE PARK

State
FL

Zip Code
32073

☒ 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

Justin V Gray
REGISTERED AGENT MUST SIGN

Date **10/12/2009**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	RODNEY HALL	3672 RED OAK CIRCLE WEST	ORANGE PARK FL 32073
STD	GRAY, JUSTIN V	3672 RED OAK CIRCLE WEST	ORANGE PARK FL 32073

REINSTATEMENT

08-09

10/21

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:

Justin V Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Justin V Gray

10/12/2009

Date

904-859-7776

Daytime Phone #