

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
12 JUN 29 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000024458**

1. Corporation Name

**Construction Services Corporation of  
Tallahassee**

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

**1297 Carr Lane**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**Tallahassee, FL**

City & State

Zip

**32312**

Country

**US**

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**Feb 6, 2004**

5. FEI Number

**20-0732449**

☐ 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

**John Allen Corry**

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

**8804 Bull Headley Rd.**

Suite, Apt. #, Etc.

City

**Tallahassee**

State

**FL**

Zip Code

**32312**

**800236975458**  
06/29/12--01005--012 \*\*1050.00

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

**John Allen Corry**

REGISTERED AGENT MUST SIGN

Date

**June 29, 12**

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

| Titles    | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip           |
|-----------|--------------------------------------|---|------------------------------|
| <b>D</b>  | <b>John Allen Corry Jr.</b>          | <b>8804 Bull Headley Rd</b>                       | <b>Tallahassee FL, 32312</b> |
| <b>VP</b> | <b>Curt L. Mills</b>                 | <b>1297 Carr Lane</b>                             | <b>Tallahassee FL, 32312</b> |
|           |                                      |   |                              |
|           |                                      |   |                              |
|           |                                      |   |                              |
|           |                                      |   |                              |
|           |                                      |   |                              |

10. E-mail Address: **Corryfarms@hotmail.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

**Curt L. Mills**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**June 29, 12 850508-3772**

Date

Daytime Phone #