

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 FEB 18 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 804000105706

1. Corporation Name

EARL D WELLS Construction Inc.

W08-5501

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

4665 DUNAWAY Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

4665 DUNAWAY Rd.

Suite, Apt. #, etc.

City & State

BASCOM

FLA.

Zip

32423

Country

U.S.A.

City & State

BASCOM

FLA.

Zip

32423

Country

U.S.A.

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

10-13-04

5. FEI Number

11-3722115

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EARL D. WELLS

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

4665 DUNAWAY Rd.

Suite, Apt. #, Etc.

City

BASCOM

State

FL

Zip Code

32423

☐ 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

EARL D. WELLS

Date 1-23-08

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
D	Earl D. Wells	4665 DUNAWAY Rd BASCOM FLA 32423	
			200116334957 02/28/08--01007--013 **308.75
			700116334957 01/29/08--01019--005 **750.00

REINSTATEMENT

06-08

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:

EARL D. WELLS EARL D. WELLS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-08

Date

850 209-5944

Daytime Phone #