

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000168554

1. Entity Name  
AMARICK CONSTRUCTION, INC.



FILED

05 NOV 10 PM 5:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1423 SE 2ND AVE.  
GAINESVILLE, FL 32641-0000

Mailing Address  
1423 SE 2ND AVE.  
GAINESVILLE, FL 32641-0000



10172005 REIN-P CR2E098 (6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINNIE, JOHN S  
3520 NW 43RD ST.  
GAINESVILLE, FL 32606

Name **DORMAN HEDGE**

Street Address (P.O. Box Number is Not Acceptable)  
**1434 SE 2ND AVE**

City **GAINESVILLE**

FL

Zip Code **32641**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

10/19/05

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Delete  
NAME **DORMAN HEDGE**  
STREET ADDRESS **1434 SE 2ND AVE**  
CITY-ST-ZIP **GAINESVILLE FL 32641**

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **DORMAN HEDGE**  
STREET ADDRESS **1434 SE 2ND AVE**  
CITY-ST-ZIP **GAINESVILLE FL 32641**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/05

Date

Daytime Phone #