

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR 12 AM 7:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # p05000056736

1. Corporation Name

Mahan Construction Of Polk County Inc.

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

1471 buckeye loop rd

Suite, Apt. #, etc.

City & State

winter haven Fl

Zip

33881

Country

polk

3. Mailing Office Address

1471 buckeye loop rd

Suite, Apt. #, etc.

City & State

winter Haven Fl

Zip

33881

Country

polk

200173447122
03/29/10--01064--025 **308.75

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida 4/11/2005

5. FEI Number

20268606

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

Christopher Mahan

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

1471 Buckeye Loop Rd.

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33881

☒ 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.

200173447122
04/09/10--01033--016 **150.00

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

Christopher M. Mahan
REGISTERED AGENT MUST SIGN

Date

3/22/10

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
pres	christopher mahan	1471 buckeye loop rd	winter haven Fl.

10. E-mail Address: harley1528@live.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., 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.

SIGNATURE

Christopher M. Mahan

christopher mahan

3/22/10

863/618/8295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #