## APPHOVEL PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DO	CI	IM	FN	JT	#

P05000066030

1. Corporation Name

16 APR 14 PM 4: 03

SECRETARY OF STATE TALLAHASSEE FLORIDA

C L FORD CONTRACTING, II	INC
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· '	al Office Address - No P.O. Box #	3. Mailing O		5	11.554***				
1530 M	METROPOLITAN BLVD	SAME						CR2E081 (11/10	11
Suite, Apt. I		Suite, Apt #	elc						/
STE 2						[		oorated or Qualified ness in Florida	
City & State		City & State				-	5. FEI Numbe	1	Applied For
	AHASSEE, FL						20-27917		Not Applicable
32308	3 Country	Zip		Countr	У		6. CERTIFICAT		75 Additional Fee required for a Certificate of Status
•	7. Name and Address of	Current Regis	stered Agen	t					
Street Add 1530 N Suite, Apt STE 20 City				State FL	Zip Code 32308	e		00028455 15/16010041	
Signature of Registered	AgentV	e CISTERED AC			with and accep	pt the ob	———	Date	
9. Name	s and Street Addresses of Each Officer and	d/or Director (Flo	orida nonpro	ofit corpo	orations must l	ist at lea	ast 3 directors)		
Titles	Name of Officers and/or Directors				reet Address o flicer and/or D			City / Sta	ite / Zip
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10 E	il Address C. C. L. O.	(2)	(a)+	~!	4			,	

(To be used for future annual report notification)

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, E.S. I further certify that when filling 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 turner entify 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 symmetric to the Department of State constitutes a third degree felony as provided for in s. 817.155. F.S.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #