

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000078782

1. Corporation Name

ACI- Alliance Construction Inc.

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

2240 Hwy 212 West

Suite, Apt. #, etc.

3. Mailing Office Address

2240 Hwy 212 West

Suite, Apt. #, etc.

City & State

Monticello, GA

City & State

Monticello, GA

Zip

31064

Country

USA

Zip

31064

Country

USA

7. Name and Address of Current Registered Agent

Name

Registered Agent Solutions, Inc.

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

155 Office Plaza Drive

Suite, Apt. #, Etc.

Suite A

City

Tallahassee

State

FL

Zip Code

32301

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

Sean Prewitt, Asst. Secretary

Date **2/24/2010**

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
PVPS	Tony Crowe	2240 Hwy 212 West	Monticello, GA 31064
T	Tony Crowe	2240 Hwy 212 West	Monticello, GA 31064

10. E-mail Address: **ACIAlliance@yahoo.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:

Tony Crowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **02/24/2010** 706-819-8917

Daytime Phone #

FILED

10 MAR -1 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900171024109

03/02/10--01027--011 **600.00

REINSTATEMENT 07-10

4. Date Incorporated or Qualified
To Do Business in Florida

5/31/2005

5. FEI Number

20-2929743

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.