

**CORPORATION
REINSTATEMENT**

2015



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED

15 DEC 31 AM 0:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P06 0000 68150

1. Corporation Name

CHARLAND CONSTRUCTION INC

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

1230 N UNIVERSITY DR

3. Mailing Office Address

1230 N UNIVERSITY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33322

Country

USA

Zip

33322

Country

USA

CR2E081 (11/10)

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

5/15/2006

5. FEI Number

20-4884444

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

MICHAEL CHARLAND

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

1230 N UNIVERSITY DRIVE

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33322

**400280571374
01/04/16--01039--008 **758.75**

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-30-15

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
P	MICHAEL CHARLAND	1230 NORTH UNIVERSITY DR	PLANTATION FL 33322
VP	MICHAEL CHARLAND	1230 NORTH UNIVERSITY DRIVE	PLANTATION, FL 33322
SEC	MICHAEL CHARLAND	1230 NORTH UNIVERSITY DRIVE	PLANTATION, FL 33322

10. E-mail Address: MICHAEL @ CHARLAND CONSTRUCTION . 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL CHARLAND
Date 12/30/15
Daytime Phone # 954 444 3352