**CORPORATION** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

**DIVISION OF CORPORATIONS** 

PO6 0000 68150 **DOCUMENT #** 

1. Corporation Name

CHARLAND CONSTRUCTION INC

FILED

15 DEC 31 AM 8 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

					1		
2. Princip	oal Office Address - No P.O. Box #	3. Mailing Office	Address		-		
	ON UNIVERSITY DR			VERSITY DR			
Suite, Apt. #, etc. Suite, Apt			#, etc.		CR2E081 (11/10)		
						rporated or Qualified siness in Florida	15/2006
City & Sta		City & State			5. FEI Numb	<i>J</i> ,	
	JATION, FL	PLANTATIO	•		20-4	488444	Applied For Not Applicable
33	322 USA	3332	2 Count	"SA	6. CERTIFICA	TE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
	7. Name and Address of	f Current Registere	ed Agent				
Name	CHAEL CHARLA dress (P.O. Box Number is Not Acceptable)	MD					
Street Address (P.O. Box Number is Not Acceptable)  1230 N UNIVERSITY DRIVE							
Suite, Ap			· · · · · · · · · · · · · · · · · · ·		1		
City State Zip Code				400280571374 01/04/1601039008 **758.75			
YUP	INTATION		FL 33322		01707710 01000 000 ***100.10		
			•			· · · · · · · · · · · · · · · · · · ·	
8. I, bein Signature Registere	d Agent	re named corporation	a	with and accept the c	obligations of sect		30-15
Signature Registere	of Agent	EGISTERED AGEN	C T MUST SIGN	0			
Signature Registere	of Agent RE	EGISTERED AGEN	T MUST SIGN	orations must list at leterat Address of Each	east 3 directors)	Date 12-3	30-15 State / Zip
Signature Registere 9. Name	of d Agent RE es and Street Addresses of Each Officer and Name of Officers and/or Directors	EGISTERED AGEN	T MUST SIGN a nonprofit corp	orations must list at leter Address of Each officer and/or Director	east 3 directors)	Date 12-3 City/ PLANTATA	30-15 State / Zip 70-20-20-20-20-20-20-20-20-20-20-20-20-20
Signature Registered 9. Name Titles	RE Agent RE Agent RE Agent RE R	EGISTERED AGENT	T MUST SIGN a nonprofit corp	orations must list at leterated Address of Each officer and/or Director of Morary (MNI/1625) 7	east 3 directors)	City / PLANTATION PLANTATION	30-15 State / Zip / 000 33322
Signature Registered  9. Name Titles	of d Agent RE es and Street Addresses of Each Officer and Name of Officers and/or Directors	EGISTERED AGENTAL STATE OF THE	T MUST SIGN a nonprofit corp Sign 1230 UNIV	orations must list at let let let Address of Each officer and/or Director of Morah with March 17 (1974) (19	east 3 directors)	Date 12-3 City/ PLANTATA	30-15 State / Zip 70-15 33322 2, FC
9. Name Titles	of dagent RE  s and Street Addresses of Each Officer and Officers and/or Directors  MILHAEL CHARLA	EGISTERED AGENTAL STATE OF THE	T MUST SIGN a nonprofit corp Sign 1230 UNIV	orations must list at let let let Address of Each Address of E	east 3 directors)	City / PLANTATION PLANTATION 3332 PLANTATION	30-15 State / Zip 70-2 33322 2, FC 2
9. Name Titles	of dagent RE  s and Street Addresses of Each Officer and Officers and/or Directors  MILHAEL CHARLA	EGISTERED AGENTAL STATE OF THE	T MUST SIGN a nonprofit corp Sign 1230 UNIV	orations must list at let let let Address of Each Address of E	east 3 directors)	City / PLANTATION PLANTATION 3332 PLANTATION	30-15 State / Zip 70-2 33322 2, FC 2
9. Name Titles	of dagent RE  s and Street Addresses of Each Officer and Officers and/or Directors  MILHAEL CHARLA	EGISTERED AGENTAL STATE OF THE	T MUST SIGN a nonprofit corp Sign 1230 UNIV	orations must list at let let let Address of Each Address of E	east 3 directors)	City / PLANTATION PLANTATION 3332 PLANTATION	30-15 State / Zip 70-2 33322 2, FC 2
9. Name Titles	of dagent RE  s and Street Addresses of Each Officer and Officers and/or Directors  MILHAEL CHARLA	GISTERED AGENT  HOT Director (Florida  ACLAND  17	T MUST SIGN  a nonprofit corp  1230  230 N  UNIV	orations must list at lettered Address of Each fflicer and/or Director  WORTH WINEDSTA  WOTH EDSTAY  OUTH ESTAY  DESTAY  DESTA	east 3 directors)  TYDQ.  PIUE  PIUE	City / PLANTATION PLANTATION 3332 PLANTATION	30-15 State / Zip 733322 7, FC

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 hiling 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.

IGNATURE:

| Michael Challed | Park | P

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(To be used for future annual report notification)