

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 06000103411

1. Corporation Name

Peniel Construction, Inc

WJ09 — 457744

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

2817 Belco Drive

Suite, Apt. #, etc.

Suite 4

City & State

Orlando, FL

Zip

32808

Country

US

3. Mailing Office Address

2817 Belco Drive

Suite, Apt. #, etc.

Suite 4

City & State

Orlando, FL

Zip

32808

Country

US

7. Name and Address of Current Registered Agent

Name

Gerald J Sapp

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

3158 Golden Rock Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32818

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

X *[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/8/2009

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	Gerald J Sapp	3158 Golden Rock Dr	Orlando, FL 32818
VP/T	Gerard E Sapp	7685 Rex Hill Tr.	Orlando, FL 32818
S	Gerald J Sapp	3158 Golden Rock Dr	Orlando, FL 32818

000161647410

10/20/09--01007--004 \*\*150.00

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

X *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/2009

Date

407-797.

4124

Daytime Phone #

FILED

09 OCT 19 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000161647410  
10/13/09--01033--003 \*\*150.00

REINSTATEMENT 08-09

4. Date Incorporated or Qualified  
To Do Business in Florida 08/08/2006

5. FEI Number

20-5534149

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.

20 10/20