

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P29222

1. Corporation Name
DRY CREEK CONST., INC.

Principal Place of Business Mailing Address


505 PARADISE ISLE **P.O. BOX 362**
RIVERSIDE AL 35195 **RIVERSIDE AL 35135**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

FILED

97 OCT 26 PM 2:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT *97*

4. Date Incorporated or Qualified To Do Business in Florida
05/01/1990

5. FEI Number **63-1020637** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. **1818 CONSTITUTION BLD**

City & State **NAVARRE FL**

Zip **32566** Country **SANTA ROSA**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. **P.O. BOX 5246**

City & State **NAVARRE, FL**

Zip **32566** Country **SANTA ROSA**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|--|
| PSD | REINHARDT, SANDRA E. | 505 PARADISE ISLE 1991 RUE LA FONTAINE | RIVERSIDE AL NAVARRE, FL 32566 |
| VTD | THOMPSON, JIMMIE L. | 8083 2ND STREET | NAVARRE FL |
| | | | 900002332599-7 -10/23/97-01077-006 ****750.00 ****750.00 |

8. Name and Address of Current Registered Agent

THOMPSON, JIMMIE L.
8083 2ND STREET
NAVARRE FL 32566

9. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, Etc. _____

City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Jimmie Thompson* Date **10/23/97**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: *Jimmie Thompson* Date **10/23/97** Daytime Phone # **850-939-029**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20940 (8/97)