

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P35678

1. Corporation Name

WALLACE J. HUTCHERSON CONSTRUCTION COMPANY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 111779
NASHVILLE TN 37222

P.O. BOX 111779
NASHVILLE TN 37222

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

62-1450283

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	HUTCHERSON, WALLACE J.	4301 FRANKLIN ROAD	NASHVILLE TN
DS	HUTCHERSON, BRENDA J.	4301 FRANKLIN ROAD	NASHVILLE TN

700023768237
10/13/03--01101--019 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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. or 617.0505, F.S.

Signature of
Registered Agent

Anne Boutillier
REGISTERED AGENT MUST SIGN

ANNE BOUTILIER
ASSISTANT SECRETARY

Date 10-10-03

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 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:

Wallace J. Hutcherson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALLACE J. HUTCHERSON

10/9/03

Date

615 337-7900, EXT. 11

Daytime Phone #

CR2E040 (7/03)



WALLACE J. HUTCHERSON

CONSTRUCTION COMPANY, INC.

P. O. BOX 111779

TELEPHONE: 615-331-7900

NASHVILLE, TENN. 37222

October 9, 2003

FAX: 615-331-7977

<http://wjhconst.com>

Division of Corporations
Annual Report/Reinstatement Section
409 East Gaines Street
Tallahassee, Florida 32399

Attn: Barbara

Re: **Notice of Administrative Dissolution or Revocation**
Document #P35678
FEN: 62-1560283

Dear Barbara

Regarding our telephone conversation today about a Notice of Administrative Dissolution or Revocation, we did not receive the original corporation annual report form.

Please find enclosed executed notice, as per instructions, and our check for the original filing fee in the amount of \$150.00.

If any questions, please call (615) 331-7900, ext. 11.

Sincerely,

Wallace J. Hutcherson
President

WJH/mb

Enc.