

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 NOV 25 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P34945**
1. Corporation Name
G.M. Hock Construction, Inc.

Principal Place of Business Mailing Address
~~4117 N. Roxboro Road~~ ~~4117 N. Roxboro Road~~
~~Durham, NC 27704~~ ~~Durham, NC 27704~~

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

2. New Principal Office Address, If Applicable 4400 Ben Franklin Blvd.		3. New Mailing Office Address, If Applicable 4400 Ben Franklin Blvd.		4. Date Incorporated or Qualified To Do Business in Florida 08/06/92	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 52-1352231	
City & State Durham, NC		City & State Durham, NC		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip 27704	Country USA	Zip 27704	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, and Zip
P/D	Gary M. Hock	4400 Ben Franklin Blvd.	Durham, NC 27704
S/T	Linda Newhart	4400 Ben Franklin Blvd.	Durham, NC 27704

REINSTATEMENT

96-98
6-11-25-98

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CT Corporation 1200 S. Pine Island Road Plantation, FL 33324	Name R. Stephen Miles, Jr., Esq. Street Address (P.O. Box Number is Not Acceptable) 100 Church Street Suite, Apt. #, Etc. City Kissimmee State FL Zip Code 34742

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 *[Signature]* REGISTERED AGENT MUST SIGN Date **11/24/98**

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: *[Signature]* Gary M. Hock (919) 471-2895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #