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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

**AND
FILED**

96 NOV -5 PM 3:44

Make Check Payable To *Department of State*

SECRETARY OF STATE

1. Name and Mailing Address of Corporation: **DOCUMENT #**
Citadel Construction and
Restoration Services, Inc.
720 West Colonial Drive, Suite 200
Orlando, Florida 32804

P9200001922

2. If Address in **FLORIDA** enter the correct address below:
Post Office Box 400

Address
Windermere, Florida 34786

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified
To Do Business in Florida
12/14/92

5. FEI Number
593250066
~~P92000011822~~

FEI Number Applied For

FEI Number Not Applicable

CERTIFICATE OF STATUS DESIRED ☒

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
D	William A. Headley III	720 W. Colonial Drive	Orlando, Florida 32804

200002001332--0
-11/12/96--01004--012
***990.00 ***990.00

REINSTATEMENT

1993-96
U. Alan

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

William A. Headley III
720 W. Colonial Drive
Orlando, Florida 32804

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

FL

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

William A. Headley III

REGISTERED AGENT MUST SIGN

Date **11/04/96**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. 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.; and that all fees owed by the corporation have been paid. 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 of
Officer or Director

William A. Headley III

Date **11/04/96**

Daytime Phone # **407-421-9469**

Typed or printed name of signing officer or director **William A. Headley III**