

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 93-97
REINSTATEMENT



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

APPROVED
AND
FILED

97 MAY 20 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000007642

1. Corporation Name

O.H. ROBERTS III CONSTRUCTION COMPANY

Principal Place of Business
38929 CR 44A
UMATILLA, FL 32784

Mailing Address
P.O. BOX 1012
EUSTIS, FL 32727-1012

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 11/30/92	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3170382	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input 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)

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
P/D	O.H. ROBERTS III	38929 CR 44A	UMATILLA, FL 32784

REINSTATEMENT 93-97
A. Alan
5/20/97

8. Name and Address of Current Registered Agent O.H. ROBERTS III 38929 CR 44A UMATILLA, FL 32784 P.O. BOX 1012 EUSTIS, FL 32727-1012		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7000002189717-1 Suite, Apt. #, Etc. -05/23/97--01056--005 City ***1410.00 State FL Zip Code ***1410.00	
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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: *NR-673 III* Date: 5/14/97
REGISTERED AGENT MUST SIGN

11. 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.)

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: *NR-673 III* Date: 5/12/97 352-669-7477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (12/96)