


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000002139**

1. Corporation Name
GINGERICH CONSTRUCTION CO.

800003263158--4
-05/23/00--01039--019
***1208.75 ***1208.75

2. Principal Office Address
357 POND RD.

3. Mailing Office Address
357 POND RD.

REINSTATEMENT 97-100

City & State
MT. DORA, FL.

City & State
MT. DORA, FL.

Zip
32757 Country
USA

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32757 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
1/01/93

5. FEI Number
59322 9285

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

7. Name and Address of Current Registered Agent

Name
PHILIP L. GINGERICH

Street Address (P.O. Box Number is Not Acceptable)
357 POND RD.

Suite, Apt. #, Etc.

City
MT. DORA

State
FL

Zip Code
32757

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent *Philip L. Gingerich* Date **5/09/2000**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	PHILIP L. GINGERICH	357 POND RD.	MT. DORA, FL 32757
	RONDA C. GINGERICH	357 POND RD.	MT. DORA, FL 32757
	IRVIN PEIFER	P.O. BOX 506	ELIZABETHTOWN, PA 17022

10. 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 accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Philip L. Gingerich* - **PHILIP L. GINGERICH** - **5/09/2000** **352-7351**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CORPORATION

KE