

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 JAN 10 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P9300018555**

**1. Corporation Name**

American Restoration and Construction Services, Inc.

13150 Corbel Circle  
13150 Corbel Circle

**2. Principal Office Address**  
13150 Corbel Circle

**3. Mailing Office Address**  
13150 Corbel Circle

Suite, Apt. #, etc.  
Suite 513

Suite, Apt. #, etc.  
Suite 513

City & State  
Ft. Myers, FL

City & State  
Ft. Myers, FL

Zip Country  
33907 USA

Zip Country  
33907 USA

**4. Date Incorporated or Qualified  
To Do Business in Florida 3/8/1993**

**5. FEI Number**  
593175598

Applied For  
Not Applicable

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

**7. Name and Address of Current Registered Agent**

Name  
Lance Holk

Street Address (P.O. Box Number is Not Acceptable)  
13150 Corbel Circle

Suite, Apt. #, Etc.  
Suite 513

City  
Ft. Myers

State Zip Code  
FL 33907

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*[Signature of Lance Holk]*

REGISTERED AGENT MUST SIGN

Date 1/6/2005

**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
PTSD	Les I. MacLeod	7130 Parkview Lane	Eden Prairie, MN 55346

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

**SIGNATURE:**

*[Signature of Les I. MacLeod]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/2005

Daytime Phone #

(763)238-8766

CR2001 (01/04)