

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000043856**

1. Corporation Name

DONALD L. ALLEN GENERAL CONTRACTOR, INC.

Principal Place of Business

710 PONDELLA RD.
#4
FT. MYERS FL 33903

Mailing Address

710 PONDELLA RD.
#4
FT. MYERS FL 33903

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

2. New Principal Office Address, If Applicable

3323 NORTH KEY DR
Suite, Apt. #, etc. **UNIT 9**

City & State
N. FORT MYERS FL

Zip **33903** Country **USA**

3. New Mailing Office Address, If Applicable

3323 NORTH KEY DR
Suite, Apt. #, etc. **UNIT 9**

City & State
N. FORT MYERS FL

Zip **33903** Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/1993

5. FEI Number

65-0415873

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$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	City / State / Zip
D	ALLEN, DONALD L	3780 DOWNWIND LN. 3115 WINDS DRIVE	FT. MYERS FL 33917 SEUIERVILLE TN 37862
D	ALLEN, JAMES R	1241 BARRET ROAD, #808	FT. MYERS FL 33903
D	HAMOR, MARK	9091 ALENA COURT	N - FORT MYERS FL 33903

8. Name and Address of Current Registered Agent

ALLEN, DONALD L
3780 DOWN WIND LN.
FT. MYERS FL 33917

9. Name and Address of New Registered Agent

Name

MARK HAMOR

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

9091 ALENA COURT

Suite, Apt. #, Etc.

City

N. FORT MYERS

State

FL

Zip Code

33903

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. or 617.0505, F.S.

Signature of
Registered Agent

Mark Hamor
REGISTERED AGENT MUST SIGN

Date **10-25-2003**

11. 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:

James R Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R ALLEN

10-25-2003 239-997-4200

Date

Daytime Phone #