

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG 19 AM 8:49

DOCUMENT # P93000075250

1. Corporation Name

Omni Contractors, Inc.

SP 300008016443--4
-09/25/02--01001--030
***1058.75 ***1058.75

2. Principal Office Address

1023 Fruit Cove Road

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32259

Country

3. Mailing Office Address

P.O. Box 23142

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32241

Country

REINSTATEMENT 00-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/29/93

5. FEI Number

59-3208292

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

H. PERRY FILLINGANE JR.

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

1023 Fruit Cove Road

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code

32259

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

H. P. Fillingane Jr.

REGISTERED AGENT MUST SIGN

Date

8/19/02

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
Pres	H. Perry Fillingane	1023 Fruit Cove Road	Jacksonville, FL 32259
Sec/Tre	H. Perry Fillingane	1023 Fruit Cove Road	Jacksonville, FL 32259

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:

H. P. Fillingane Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/02
Date

(904)
230-8931
Daytime Phone #

CR2E081 (9/01)