

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



DEPARTMENT OF REVENUE
Secretary of State
DIVISION OF CORPORATION

FILED

99 MAY 24 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000081538

1. Corporation Name

Phillip D. Pierson Construction, Inc.

Principal Place of Business

Mailing Address

1150 NW 48th ST.
Pompano Beach, FL 33064

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

REINSTATEMENT 95-99

2. New Principal Office Address, If Applicable

1370 HAMMINDVILLE Rd.
Suite, Apt. #, etc.
UNIT 9

3. New Mailing Office Address, If Applicable

528 SE 12 AVE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/93

5. FEI Number

65-0468296

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)

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	Phillip D. Pierson	528 SE 12 AVENUE	Deerfield Beach, FL 33441

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Phillip D. Pierson

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

528 SE 12 AVENUE

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33441

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

REGISTERED AGENT MUST SIGN

Date

5-12-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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 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 taxes 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-12-99 (554) 570-8065

Day Time Phone #

CR2E08T (12/98)