

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P94000034453

1. Corporation Name

ADVANCE CONSTRUCTION GROUP, INC.

Principal Place of Business

Mailing Address

7070 52ND ST. N.  
PINELLAS PARK FL 34665  
US

P.O. BOX 3117  
PINELLAS PARK FL 34664-3117  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

ADVANCE CONSTRUCTION GP

3931 MEADOW RUN LANE

ZEPHYRHILLS, FL

33543

USA

4. Date Incorporated or Qualified To Do Business in Florida

05/06/1994

5. FEI Number

59-3256590

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MALDONADO, JOSE H	7070 52ND ST. NORTH	PINELLAS PARK FL 34665
P	MALDONADO, JOSE H.	7070 52ND ST. NORTH	PINELLAS PARK FL 33781
			000003532570--3 -01/11/01--01038--003 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MALDONADO, JOSE H  
7070 52ND ST. NORTH  
PINELLAS PARK FL 34665

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Jose H. Maldonado*  
REGISTERED AGENT MUST SIGN

Date 12-28-00

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:

*Jose H. Maldonado* JOSE H. MALDONADO 12-01-00 727-546-8988  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #