## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT #

P94000034453

1. Corporation Name

ADVANCE CONSTRUCTION GROUP, INC.

Principal Place of Business

Mailing Address

3931 MEADOW RUN LANE ZEPHYRHILLS FL 33543 3931 MEADOW RUN LANE ZEPHYRHILLS FL 33543 US

03

FILED

03 JUN 12 AM 7:57

SECRETARY OF STATE TALLAHASSEE, FLORIDA



is above aboriesses are incorrect in any way, line through incorrect information and enter correction below.										
New Principal Office Address, If Applicable				New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     05/06/1994			
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			5. FEI Number		Applied For	
City & State			City & State				59-3256590		Not Applicable	
Zip		Country	Zip		Country	6. CERTIFICATE	OF STATUS DESIRED	S8.75 Add for a Ce	ditional Fee required ertificate 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				
Р	MALDONADO, JOSE H			3931 MEADOW RUN LANE			ZEPHYRHILLS FL 3	3543		
Р	MALDONADO, JOSE H.			3931 MEADOW RUN LANE			ZEPHYRHILLS FL 3	3543		
						<b>4</b> 0	0002081 703010830	087 )12 *	'4 *900.00	
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
MALD	ONADO, JO	ISF H.			Name	±** •				
3931 N	MEADOW R	UN LANE			Street Address (	is Not Acceptable)				
ZEPHYRHILLS FL 33543					Suite, Apt. #, Etc.					
					City			State Zip (	Code	

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 LEIGHT PUBLISHED

REGISTERED AGENT MUST SIGN

Date 6-6-03

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-03

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CH2E040 (8/02)