

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 OCT 18 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000044365

1. Corporation Name

DB CONTRACTING, INC.

Principal Place of Business

107 MARGARET'S WAY
THOMASVILLE GA 31792
US

Mailing Address

107 MARGARET'S WAY
THOMASVILLE GA 31792
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

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2115527

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
VTS	BLAIR, DEBORAH	42 6TH AVE S.W.	CAIRO GA 31728
PM	BLAIR, BRIAN	42 6TH AVE. S.W.	CAIRO GA 31728
			300004649333--1 -10/23/01--01024--001 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

BLAIR, BRIAN
4270 LITTLE OSPREY DR
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

Name

BRIAN BLAIR

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

10017 LEAFWOOD DRIVE

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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

Brian Blair
REGISTERED AGENT MUST SIGN

Date

10/17/01

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:

Brian Blair
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/01

Daytime Phone #

850 544-0934

CR2040 (8/01)