

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 12 AM 11:47

DOCUMENT # P94000044365

1. Corporation Name

DB CONTRACTING, INC

2. Principal Office Address

5685 Harmony Bend

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Braseltown, GA

City & State

Zip

30517

Country

Zip

Country

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

562115527

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Les Thomas

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

10017 Leafwood Dr.

Suite, Apt. #, Etc.

City

Tallahassee, FL

State

FL

Zip Code

32

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/12/04

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
<u>PD</u>	<u>BRIAN BLAIR</u>	<u>5685 Harmony Bend</u>	<u>Braseltown, GA 30517</u>
<u>Sec</u>	<u>Deborah Blair</u>	<u>5685 Harmony Bend</u>	<u>Braseltown, GA 30517</u>

1000040251191
08/17/04--01060--001 ***450.00

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:

[Signature]

BRIAN BLAIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/04

Date

678 316 2041

Daytime Phone #

CFR2501 (01/04)

242

To Whom it may Concerned

DB Contracting, Inc Did not receive
the AR for 2002 from the State of Florida.

Brian Blair
DB Contracting, Inc
5685 Harmony Bend
Orlando, FL 30517

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