

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000052909**

1. Corporation Name

ALLEN DAMRON CONSTRUCTION COMPANY

Principal Place of Business

Mailing Address

~~7016 GREEN RD~~
LAKELAND FL 33809

~~7616 GREEN RD~~
LAKELAND FL 33809

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.

7903 DARLINGTON CIRCLE

7903 DARLINGTON CIRCLE

City & State

City & State

LAKELAND, FL

LAKELAND, FL

Zip

Zip

33809

33809

Country

Country

USA

USA

REINSTATEMENT

97ad

4. Date Incorporated or Qualified
To Do Business in Florida

07/14/1994

5. FEI Number

59-3254799

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	DAMRON, DEBRA L	7616 GREEN RD	LAKELAND FL 33809

800002358398-1
-11/26/97--01102--014
*******758.75 *****758.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BYWATER, JOSEPH G
2000 E EDGEWOOD DR, 108B
LAKELAND FL 33803

Name

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

Suite, Apt. #, Etc.

City

State
FL

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.

Signature of
Registered Agent

Joseph G. Bywater
REGISTERED AGENT MUST SIGN

Date **11/4/97**

11. This corporation owes or has paid 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 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:

Debra L. Damron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-6-97 941-853-9700

CR2E040 (8/97)