

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 16 AM 11:20

DOCUMENT # P940000 53822

1. Corporation Name

BOLAND CONSTRUCTION COMPANY

2. Principal Office Address

547 NORTH VOLUSIA AVENUE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORANGE CITY, FLORIDA

City & State

Zip

Country

32763

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7-19-94

5. FEI Number

59-3252475

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

JUDEE R. BOLAND

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

547 NORTH VOLUSIA AVENUE

Suite, Apt. #, Etc.

400008705074

10/30/02--01108--020 **750.00

City

ORANGE CITY

State

FL

Zip Code

32763

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

JUDEE R. BOLAND

REGISTERED AGENT MUST SIGN

Date 10-16-02

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
P	JUDEE R. BOLAND	2607 S. WOODLAND BLVD #194	DE LAND, FL 32720
VP	DUSTIN A. BOLAND	2607 S WOODLAND BLVD #194	DeLand, FL 32720

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:

JUDEE R. BOLAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-02

Date

386-775-0057

Daytime Phone #

CR2E081 (9/01)