PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

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

FILED
97 DEC 30 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000082741**

1. Corporation Name

**CONSTRUCTION PRODUCTS AND SERVICES, INC.**

REINSTATEMENT 97

Principal Place of Business
~~1294 Timberlane Rd~~
~~3058 O'BRIEN DRIVE~~
TALLAHASSEE FL ~~32308~~ 32312

Mailing Address
~~1294 Timberlane Rd.~~
~~3058 O'BRIEN DRIVE.~~
TALLAHASSEE FL ~~32308~~ 32312

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1294 Timberlane Rd
Suite, Apt. #, etc.
City & State: Tallahassee
Zip: 32312 Country:

3. New Mailing Office Address, If Applicable
1294 Timberlane Rd
Suite, Apt. #, etc.
City & State: Tallahassee
Zip: 32312 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 11/14/1994

5. FEI Number: 59-3287743 ☐ 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 | GIBBS, HAROLD R | ~~3058 O'BRIEN DRIVE~~ 1294 Timberlane Rd. | TALLAHASSEE FL ~~32308~~ 32312 |
| D | Losse, Ronald | 1294 Timberlane Rd | Tallahassee FL 32312 |
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****750.00 ****750.00

8. Name and Address of Current Registered Agent

BOND, NATHAN L
2121 KILLARNEY WAY
TALLAHASSEE FL 32308

9. Name and Address of New Registered Agent

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: [signature] Date: 12/29/97
REGISTERED AGENT MUST SIGN

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: [signature] 12-29-97 904-933-9084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/97)