

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 MAR -3 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PS000004374

1. Corporation Name

Putter Construction Contractors, Inc.
Putter Construction Contractors, Inc.

Principal Place of Business

Mailing Address

7328 W. University Avenue
Suite A

Gainesville, FL 32607 USA

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

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

1/11/95

5. FEI Number

65-0544808

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
P	Calvin J. Barber	5250 SW 97th Drive Gainesville FL 32608	
VP	Joseph A. CMEY III	1984-A Nicholas Dr TALL FL 32302	100002105211-2
S	Linda J. Barber	5250 SW 97th Drive Gainesville FL 32608	-03/05/97--01094--001 ****\$915.00 ****\$915.00
T	Joseph A. CMEY III	1984-A Nicholas Dr TALL FL 32302	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Calvin J. Barber, President
7328 W. University Ave
Suite A
Gainesville FL 32607

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

Cal. J. Barber

REGISTERED AGENT MUST SIGN

Date 2.6.97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A. CMEY VP

Date

Daytime Phone #

2/6/97 (352) 332-8011

CR2E040 (12/96)