

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG 18 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P95 000013575

1. Corporation Name

Five Flags Building Contractors, Inc.

200022375822
08/18/03--01026--011 **900.00

2. Principal Office Address

400 91/2 Mile Rd.

3. Mailing Office Address

P.O. Box 10335

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pensacola, FL

Pensacola, FL

Zip

Country

Zip

Country

32534

Escambia

32534

Escambia

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/14/1995

5. FEI Number

59-3424966

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Larry D. Kellar

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

5514 N. Davis Highway

Suite, Apt. #, Etc.

Suite 105

City

Pensacola

State

FL

Zip Code

32503

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

Date July 3, 2002

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	Fitzgerald, Terry J	400 9 1/2 Mile Rd.	Pensacola, FL

501127913166
04/30/01--90021--004 **150.00

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:

Terry J. Fitzgerald

(850) 477-2450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #