

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 JAN -8 PM 12:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000037593**

1. Corporation Name

GREG DELONG CONSTRUCTION INC.

Principal Place of Business

Mailing Address

55021 ALCO ROAD
 ASTOR FL 32102

55021 ALCO ROAD
 ASTOR FL 32102



REINSTATEMENT

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

4. Date Incorporated or Qualified To Do Business in Florida

05/11/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3313622

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	GREG DELONG	55021 ALCO ROAD	ASTOR, FL 32102
			900002058209--5 -01/15/97--01006--002 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIRISKA, JOANNE
 6822 22ND AVENUE NORTH
 SUITE 277
 ST. PETERSBURG FL 33710

Name
GREG DELONG

Street Address (P.O. Box Number is Not Acceptable)
55021 ALCO ROAD

Suite, Apt. #, Etc.

City
ASTO

State
FL

Zip Code
32102

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

REGISTERED AGENT MUST SIGN

Date **12/31/96**

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

12/31/96

Date

352-759-2129

Daytime Phone #

CR2ED40 (7/96)