## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	
REINSTATEMENT	



## FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
HVISION OF CORPORATIONS

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חטכו	IMENT	#	P95000037593

1. Corporation Name GREG DELONG CONSTRUCTION INC. 31600 DIVISION ST

1	DELAND,	FLUKIDA 32	720	101-0035	ó l	
DELA Suite, Apt. # City & State	AND, FI			FL 32720	4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number 59–3313622	06/01/95  - Applied For.  Not Applicable
Zip 32720		VOLUSIA	Zip 32720	Country VOLUSIA	6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
		<u>-</u>	7. Name	and Address of Current Regi	istered Agent	
	Name	GREG DELONG				
	Street Ad	dress (P.O. Box Number 31600 DIVISI	' '		0000032	99330-5
	<sup></sup> Suite, Ap	t. #, Etc.			***1050	.00 ***1050 <mark>.</mark> 00
	City	DELAND	-		State Zip Code FL 32720	
<b>8.</b> I, being a	appointed th	e registered agent of the	above named corporation	, am familiar with and accept th	he obligations of section 607.0505 or 617.0	503, F.S.
Signature of Registered A		- 25 K	REGISTERED AGENT I	MUST SIGN	Date <u>6</u> (	2000
9. Names	and Street /	Addresses of Each Office	r and/or Director (Florida n	conprofit corporations must list	at least 3 directors)	
Titles		Name of		Street Address of I	Each C	City / State / Zip

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
PRES	GREG DELONG	31600 DIVISON ST	DELAND, FLORIDA 32720	
		286	14	

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 filling 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: GREG DELONG, PRES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC