

APPLICATION
FOR
REINSTATEMENT



FILED

97 MAY 29 AM 9: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 995000 b6 b7C 741

SDS CONSTRUCTION CD.

Mailing Address

12151 SN 202 ST # 2210
MIAMI FL 33177

Country

8-29-95

65 060 3861

Not Applicable

CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required
for a Certificate of Status**

PROB	DONOVON FOSTER	12151 SWY 202 ST #240	MIAMI, FL. 33177
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300002200373--2	
-06/03/97--01105--012	
***915.00	***915.00

4B5-30-97

9. Name and Address of New Registered Agent

Ameri Layers.
caval cables.
Florida.

Don Foster

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

12151 SYX 202 ST # 2210

Suite, Apt. #, Etc.

City

in 1971

State

Zip Code

FI

38177

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 _____

5-28-97

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

5-28-97

Data

Daytime Phone #

CP2E040 (12/96)