

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P96000046345**

1. Corporation Name

BISON CONSTRUCTION SERVICES, INC.

Principal Place of Business

1792 NORTHVIEW ROAD
LARGO FL 33770

Mailing Address

1792 NORTHVIEW ROAD
LARGO FL 33770

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/1996

5. FEI Number

59-3394795

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. Additional fee required
for 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	4 City / State / Zip
DPT	FLORES, RANDY L	3010 HILLSDALE AVE 1792 Northview Rd.	LARGO FL 33770
VS	NOVAK, PAULA J Flores, Paula J.	8010 HILLDALE AVE 1792 Northview Rd.	LARGO FL 33770
			100003071451--2 -12/15/99--01078--019 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Ave.
Suite, Apt. #, Etc.
City Coral Gables State FL Zip Code 33134

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12/1/99

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/99 (727) 581-1106
Date Daytime Phone #

KE

REINSTATEMENT

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FILED
99 DEC -6 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR25140 (3-99)