

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

02-03

DOCUMENT # **P96000076369**

1. Corporation Name

DEREK BARGER INC.
DBA: SOUTHERN HERITAGE CONSTRUCTION CORP.

2. Principal Office Address

3850 S. HOPKINS AVE
Suite, Apt. #, etc.

City & State

TITUSVILLE, FLORIDA

Zip

32780

Country

USA

3. Mailing Office Address

3850 S. HOPKINS AVE
Suite, Apt. #, etc.

City & State

TITUSVILLE, FLORIDA

Zip

32780

Country

USA

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

09-12-1996

5. FEI Number

593400285

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

HERB FLACK

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

3850 S. HOPKINS AVE

Suite, Apt. #, Etc.

City

TITUSVILLE

State

FL

Zip Code

32780

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **7-21-03**

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
PRESIDENT	HERB FLACK	3850 S. HOPKINS AVE	TITUSVILLE, FL, 32780
V. PRES	DEREK BARGER	3850 S. HOPKINS AVE	TITUSVILLE, FL, 32780

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:

[Signature]

HERB FLACK

7-21-03

(321) 403-8238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #