

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 16 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000064203

1. Corporation Name

LDM Construction
OF Brevard Inc.

2. Principal Office Address

4909 NUS I

Suite, Apt. #, etc.

0888

City & State

Cocoa Florida

Zip

32927

Country

Brevard

3. Mailing Office Address

P.O. Box 6353

Suite, Apt. #, etc.

City & State

Titusville Florida

Zip

32782

Country

Brevard

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

July 24 1997

5. FEI Number

59-3459294

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

Theresa McMillan

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

1845 Kirby Drive

Suite, Apt. #, Etc.

City

Titusville

State

FL

Zip Code

32796

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

Theresa McMillan

Date

2/14/05

REGISTERED AGENT MUST SIGN

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
P	Lester McMillan	1845 Kirby Dr.	Titusville Florida
T	Lester McMillan	1845 Kirby Dr.	Titusville Fl.
V	Theresa McMillan	1845 Kirby Dr.	Titusville Fl
S	Theresa McMillan	1845 Kirby Dr	Titusville Fl
			100047347101 02/28/05--01007--006 **1800.00
			100047347101 02/28/05--01007--007 **8.75

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:

Lester McMillan Lester McMillan 02/14/05 321267-5284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)