

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
DIVISION OF CORPORATIONS

01 FEB 12 PM 12:15

DOCUMENT # P98000043066

1. Corporation Name

B & M LAND CONSTRUCTION INC

600003784066--1
-02/27/01--01143--008
***1050.00 ***1050.00

2. Principal Office Address

2141 Louie Carter Rd.

Suite, Apt. #, etc.

City & State

Maxville, FL

Zip

32234

Country

USA

3. Mailing Office Address

2747 Blanding Blvd.

Suite, Apt. #, etc.

Suite 101

City & State

Middleburg, FL

Zip

32068

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida** 5/11/98

5. FEI Number

59-3391540

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

DALE L. CARTER

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

2141 LOUIE CARTER ROAD

Suite, Apt. #, Etc.

City

MAXVILLE, FL

State

FL

Zip Code

32234

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

Dale L. Carter

REGISTERED AGENT MUST SIGN

Date 2/08/01

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
PVST	DALE L. CARTER	2141 Louie Carter Rd.	Maxville, FL 32234

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:

Dale L. Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/08/01

Daytime Phone #

CR2E081 (9/00)