

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

DEC 19 AM 8:09

800139169138
12/19/08--01030--015 ***300.00

REINSTATEMENT 07-08
CR2E081 (10/08)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000049448

1. Corporation Name
Herbert Counts Paving, Inc.

2. Principal Office Address - No P.O. Box #

488 NW 71 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

488 NW 71 AVE

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34482

Country

United States

Zip

34482

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

6/1/98

5. FEI Number

593522596

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
Lance B. Counts

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

488 NW 71 AVE

Suite, Apt. #, Etc.

City
Ocala, FL

State
FL

Zip Code
34482

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Lance B. Counts

REGISTERED AGENT MUST SIGN

Date 12/17/08

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
D	Lance B. Counts	488 NW 71 AVE	Ocala, FL 34482

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 contained in Chapter 119, 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:

Lance B. Counts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/17/08 (352) 237-3448
Daytime Phone #

12/22/08