

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

02 JUN 17 PM 3:21

DOCUMENT # *P-98000059873*

1. Corporation Name

KING & SONS CONSTRUCTION INC.
3

2. Principal Office Address

3656 South Point DR

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32822

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

REINSTATEMENT *00-02*

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

5. FEI Number

59-3523694

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

Theodore King

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

3656 South Point DR.

Suite, Apt. #, Etc.

City

ORLANDO

700005971157-5

-06/25/02-01047-001

****1050.00 ***1050.00*

State
FL

Zip Code

32822

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

Theodore King

REGISTERED AGENT MUST SIGN

Date

6-13-02

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
<i>P</i>	<i>Theodore King</i>	<i>3656 South Point DR</i>	<i>ORLANDO FL 32822</i>
<i>D</i>	<i>SAMUEL DALLAS</i>	<i>4546 GORE ST</i>	<i>ORLANDO FL 32811</i>
			<i>900.00 - ARM</i>
			<i>61.25 - AR</i>
			<i>88.75 - ARS</i>

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:

Theodore King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-13-02

Date

407-448-0741

Daytime Phone #

CR2E081 (9/00)