

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000067239**

1. Corporation Name

HEBERT CONTRACTING CORP

Principal Place of Business

1872 MILLS ST.
B-10
TALLAHASSEE FL 32310

Mailing Address

P O BOX 3769
TALLAHASSEE FL 32315

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/1998

5. FEI Number -

59-3541891

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HEBERT, HAROLD L	1905 ROSEDALE DR	TALLAHASSEE FL 32303

500023820055
10/15/03--01059--019 **150.00

8. Name and Address of Current Registered Agent

HEBERT, HAROLD L
1905 ROSEDALE DR
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

10-13-2003

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-13-2003 (850) 386-1974

CR2E040 (7/03)

***Hebert Contracting Corporation
P. O. Box 3769
Tallahassee, FL 32315-3769***

October 13, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
Post Office Box 6327
Tallahassee, Florida 32314-6327

RE: Hebert Contracting Corporation

To Whom It May Concern:

Hebert Contracting Corporation has no record of having received the previous 2 uniform business report notices. We are enclosing the signed application for reinstatement and a check for \$150.00 as per instructions.

If you need any further information, please do not hesitate to call.

Sincerely,

Hebert Contracting Corporation



Harold L. Hebert
President

Enclosures