

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 JAN 31 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **998000085773**

1. Corporation Name

FG Constructors, Inc

900003654339--6

-02/06/01--01082--017

******900.00 ****900.00**

900003654339--6

-02/06/01--01082--018

*******8.75 *****8.75**

2. Principal Office Address

1105 Via Del Mar

Suite, Apt. #, etc.

NA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Winter Park, Fl.

City & State

Zip

32789

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Oct 5, 1998

5. FEI Number

593551885

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

Jay C Bartfield

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

1105 Via Del Mar

Suite, Apt. #, Etc.

NA

City

Winter Park

State

FL

Zip Code

32789

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

[Signature]

Date **01/29/01**

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

President Jay C Bartfield

1105 Via Del Mar

Winter Park, Fl. 32789

REINSTATEMENT

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/01

Date

407-908-9694

407-629-4859

Daytime Phone #

CR2E081 (9/00)