

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 KATHLEEN HARRIS
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 OCT 31 PM 1:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P99000007658

1. Corporation Name

B&M DEMOLATORS, INC.

Principal Place of Business

Mailing Address

RT. 1, BOX 1822
 GLEN ST MARY FL 32040

RT. 1, BOX 1822
 GLEN ST MARY FL 32040



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/21/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3557343

Not Applicable

Zip

Country

Zip

Country

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
PD	PREVATT, JAMES M	RT. 1, BOX 1822	GLEN ST MARY FL 32040
D	JOHNS, BRANTLEY K	P.O. BOX 1628 (N/A)	GLEN ST. MARY FL 32040

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-11/17/00--01067-010

****150.00 ****150.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PREVATT, JAMES M
 RT. 1, BOX 1822
 GLEN ST MARY FL 32040

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.

Signature of Registered Agent

James M. Prevatt
 REGISTERED AGENT MUST SIGN

Date 10-30-00

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:

Brantley K. Johns
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-00

Date

Daytime Phone #

202

OCTOBER 23, 2000

**FROM: B&M DEMOLATORS, INC.
RT. 1 BOX 1822
GLEN ST.MARY, FL. 32040**

**TO: FLORIDA DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314**

TO WHOM IT MAY CONCERN:

**B&M DEMOLATORS, INC. RECEIVED A NOTICE OF ADMINISTRATIVE
DISSOLUTION OR REVOCATION. WE NEVER RECEIVED A
REINSTATEMENT FEE NOTICE. WE RESPECTFULLY REQUEST A
REVIEW AND THAT B&M DEMOLATORS, INC. BE REINSTATED. PLEASE
FIND ENCLOSED OUR CHECK FOR \$150. THANK YOU FOR YOUR HELP IN
THIS MATTER.**

VICKI PREVATT

**SECRETARY
B&M DEMOLATORS, INC.**