

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 OCT -4 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000008061

1. Corporation Name

SUNBELT RESIDENTIAL CONTRACTORS, INC.

**REINSTATEMENT 05-07**  
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #  
3761 31 ST AVE. SW

Suite, Apt. #, etc.

City & State  
NAPLES, FL

Zip  
34117

Country  
USA

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 01/22/1999

5. FEI Number  
65-0890425

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  
DAVID L. BEEGLE

Street Address (P.O. Box Number is Not Acceptable)  
3761 31ST AVE., SW

Suite, Apt. #, Etc.

City  
NAPLES

State Zip Code  
FL 34117

☒ 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

*Benson Clark McCreary*  
REGISTERED AGENT MUST SIGN

Date Oct 1-07

**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
P	DAVID L. BEEGLE	3761 31ST AVE., SW	NAPLES, FL 34117
VP	BENSON CLARK MCCREARY	4801 23RD SW	NAPLES, FL 34116

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:

*Benson Clark McCreary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 1 07

Date

239-289-7761

Daytime Phone #