

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 22 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000010237

1. Corporation Name

Americas Best Construction, Inc.

2. Principal Office Address 2404
Cochran Road

3. Mailing Office Address
2404 COCHRAN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32408

Country

USA

Zip

32408

Country

USA

REINSTATEMENT 03

11/19/03 01020 008 750.00

4. Date Incorporated or Qualified
To Do Business in Florida

1-27-1999

5. FEI Number

59 3553578

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

John M. Pons

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

2404 Cochran Road

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32408

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

John M. Pons

REGISTERED AGENT MUST SIGN

Date 11/11/03

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
Pons	J. Michael Pons	2404 Cochran Road	Panama City, FL 32408

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/03

Daytime Phone #

CR2E081 (10/02)

TR