

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 17 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000018820

1. Corporation Name

DOTSON CONSTRUCTION COMPANY

Principal Place of Business

Mailing Address

221 FLORIDA AVE.
GULF BREEZE FL 32561

221 FLORIDA AVE.
GULF BREEZE FL 32561

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/1999

5. FEI Number

59-3567639

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
PD	DOTSON, STEVEN R	221 FLORIDA AVE	GULF BREEZE FL 32561
ST	DOBON, LAURA	221 FLORIDA AVE	GULF BREEZE FL 32561
PD	DOTSON, STEVEN R	221 Florida Ave	Gulf Breeze, FL 32561
ST	DOTSON, LAURA	221 Florida Ave	Gulf Breeze, FL 32561
			100023867371 10/17/03--01006--007 **750.00

8. Name and Address of Current Registered Agent

HUSTON, GARY W
3 W GARDEN ST
SUITE 600
PENSACOLA FL 32501

9. Name and Address of New Registered Agent

Name

DOTSON STEVEN R

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

221 Florida Ave

Suite, Apt. #, Etc.

City

Gulf Breeze

State

FL

Zip Code

32561

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

STEVEN R DOTSON
REGISTERED AGENT MUST SIGN

Date 10/14/03

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:

STEVEN R DOTSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03
Date

850 449 3724
Daytime Phone #

CR20040 (7/03)