

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 25 AM 8:01

DOCUMENT # P99000098207

1. Corporation Name

ALLICO CONSTRUCTION INC.

Principal Place of Business

2401 ISLAND DR.
MIRAMAR FL 33023

Mailing Address

2401 ISLAND DR.
MIRAMAR FL 33023

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/1999

5. FEI Number

65-0960679

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
D	ALLISON, ALDON	2401 ISLAND DR.	MIRAMAR FL 33023

200008579512
10/24/02 01106 005 **158.75

8. Name and Address of Current Registered Agent

ALLISON, ALDO
2401 ISLAND DR.
MIRAMAR FL 33023

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

Oct 19, 02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct 19, 02

Daytime Phone #

10/29/02
20

ALLICO CONSTRUCTION, INC.

General Contractor CGC 061172

Al Allison
President

2401 Island Drive
Miramar, FL 33023

(954) 893-9577
Fax (954) 893-8298

Renovations / New Construction / Management

Oct 20, 02

DEPT OF STATE
DIVISION OF CORPORATIONS
REINSTATEMENT SECTION

RE: REQUEST FOR REINSTATEMENT

DEAR SIR/MADAM.

PLEASE BE ADVISED THAT I DID NOT RECEIVE
THE PREVIOUS REPORTS TO PAY THE FEES.

I WAS SURPRISED TO HAVE RECEIVED THIS REVOCATION
LETTER.

AFTER READING AND MAKING A CALL TO YOUR
DEPARTMENT I WAS ADVISED TO WRITE THIS LETTER
SO I AM KINDLY ASKING THAT I BE REINSTATED
I HAVE ALSO INCLUDED A CHECK OF \$158 75
INCLUDING "CERTIFICATE OF STATUS"

THANK YOU FOR YOUR CONSIDERATION

Al Allison

ALDON G. ALLISON