

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 182

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S84920

1. Corporation Name

OMNI DEMOLITION, INC.

Principal Place of Business

Mailing Address

10334 MAÇON RD  
JACKSONVILLE FL 32219  
US

P.O. BOX 28308  
JACKSONVILLE FL 32226  
US

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

10/03/1991

5. FEI Number

59-3088387

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)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

PDT

WILSON, LARRY J.

11728 BRIDGES RD

JACKSONVILLE FL

400029320574  
02/24/04 01056-003 \*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARON L. BARTLETT PA

615 HWY A1A

STE 101

PONTE VEDRA BEACH FL 32082

Name

Glazier & Glazier, P.A.

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

8825 Perimeter Park Blvd.

Suite, Apt. #, Etc.

Suite 504

City

Jacksonville

State

FL

Zip Code

32216

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

*Scott L. Glazier*

Scott L. Glazier, VP

REGISTERED AGENT MUST SIGN

Date 2/20/04

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:

*Larry J. Wilson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

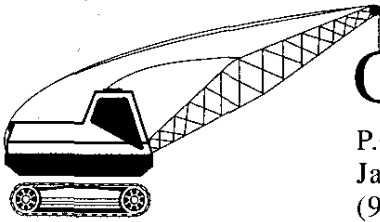
Larry J. Wilson

2/23/04

Date

Daytime Phone #

(904) 545-3929



# Omni Demolition, Inc.

P.O. Box 28308  
Jacksonville, FL 32226-8308  
(904) 764-5009

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To: Whom it may concern,

This letter is to inform you that Omni Demolition, Inc. did not receive the 2003 for profit corporation uniform business report (UBR). I would like to apologize for this over site, we are including the reinstatement form and the ~~\$300.00~~ <sup>150.00</sup> check for reinstatement.

Sincerely yours,

A handwritten signature in cursive script that reads "Larry J. Wilson".

Larry J. Wilson

+ \$150.00 2003  
+ \$150.00 2004