

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION OF CORPORATIONS

10 MAR -1 AM 10:22

DOCUMENT # V71973

1. Corporation Name

WES MALTBY CONSTRUCTION COMPANY

2. Principal Office Address - No P.O. Box #

1966 SE 23 COURT

Suite, Apt. #, etc.

3. Mailing Office Address

1966 SE 23 COURT

Suite, Apt. #, etc.

City & State

HOMESTEAD

City & State

HOMESTEAD, FLORIDA

Zip

33035

Country

USA

Zip

33035

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida **2-25-2010**

5. FEI Number

65-0363881

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

CHARLES R TURNER

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

28600 SW 132 AVENUE

Suite, Apt. #, Etc.

12

City

HOMESTEAD

State

FL

Zip Code

33033

☐ 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

Charles R Turner

Date **2-25-2010**

REGISTERED AGENT MUST SIGN

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
PRES	WESLEY C. MALTBY	1966 SE 23 COURT	HOMESTEAD FL 33035
TRES	DAVID BERRONES	7951 SW 124 STREET	MIAMI FL 33156

REINSTATEMENT 07-10

10. E-mail Address: **CTURNER399@AOL.COM**

(To be used for future annual report notification)

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. I further certify, 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:

Wesley C. Maltby

WESLEY C. MALTBY - PRES

02-25-2010 786-393-4724