

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 MAR -3 AM 8:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P15962

1. Corporation Name

K C NUMMY GENERAL CONTRACTOR, INC.
 340 Mendel Pkwy., W. Montgomery, AL 36117

Principal Place of Business

Mailing Address

340 Mendel Pkwy. W.
 Montgomery, AL

340 Mendel Pkwy. W.
 Montgomery, AL 36117

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

4. Date Incorporated or Qualified To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

63-0846257

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	K C Nummy	340 Mendel Pkwy. W.	Montgomery, AL 36117
V.Pres.	John A. Nummy	340 Mendel Pkwy. W.	Montgomery, AL 36117
Secy.	Jeannette C. Long	1709 Celia Ct.	Montgomery, AL 36106
			200002104872--1 -03/05/97--01059--012 ***1410.00 ***1410.00

8. Name and Address of Current Registered Agent

C T Corporation System
 1200 S. Pine Island Road
 Plantation, FL 33324

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

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.

Signature of Registered Agent

Dale Morris, Asst. Vice President

Date

2/19/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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:

Kenneth C. Nummy
 KENNETH C. NUMMY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/97 (334) 271-0600
 Date Daytime Phone #

CPREC040 (12/96)