PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

FOR REINSTATEMENT			Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
DOCUMENT # 245435 1. Corporation Name					97 NOV -3 AM 9: 56			
HICKS	CONSTRUCTION C	O., INC.					11/4	
Principal Place of Business Mailing Add			ress				1179	
630 CYPRESS STREET MERRITT ISLAND FL 32952		MERRITT I	630 CYPRESS STREET MERRITT ISLAND FL 32952		REINSTATEMENT 99			
If above addresses are Incorrect In any way, line through in: 2. New Principal Office Address, If Applicable 3. N			correct information and enter correction below. lew Mailing Office Address, If Applicable		4. Date Incorp	porated or Qualified Iness in Florida	WTTENNESSARIE SINGE	
Sulte, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.		5. FEI Number			
City & State		City & Stat	City & State		59-0931358 Not Applicable			
Zip	Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED 7 for a Certificate of Status			
7. Names	and Street Addresses of Each Office	r and/or Director (F	lorida nonprofit corpora	ations must list at le	east 3 directors)			
Title(s)	Name of Officers and/or Directors 2 3 (Do NO		Str Of 3 (Do NOT U	treet Address of Each officer and/or Director Use Post Office Box Numbers)		City / State / Zip		
PD	HICKS,R W		1461 WILMAR AVENUE		MERRITT ISLAND FL			
D	GREEN,HAROLD G	630 CYPRESS ST			MERRITT ISLAND FL			
\$D	HICKS, JOAN W	630 CYPRESS ST		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MERRITT ISLAND FL			
VD	HICKS, R JOSEPH		6355 WIEN LN		COCOA, FL 00000			
					4000023408442 -11/06/97-01115-001			
							****750.00	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
HICKS,R W				Name				
1461 WILMAR AVE				Street Address (P.O. Box Nu		ber is Not Acceptable)		
MERRITT ISLAND FL 32952				Suite, Apt. #, Etc.				
				City State Zip Code				
10. I, being	appointed the registered agent of the	e above named cor	poration, am familiar w	ith and accept the	obligations of Sec			
Signature o Registered	Agent_X.20.0	Licks REGISTERED	AGENT MUST SIGN			Date 10-3	0-97	
	is corporation owes o angible Personal Prop			ar Yes ✓	No 🗆		side for Information langible tex.)	
this rein owed by	that I am an officer or director or the statement application, the reason for the corporation have been paid and application is true and accurate, and	dissolution has bee the names of Indiv	en eliminated, the corpo riduals listed on this for	orate name satisfie m do not qualify fo	s the requirements or an exemption un	s of section 607.0401 or 617	.0401, F.S., that all fees	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-97 (407) 453-3170 Date Dayline Phone #