

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 13 AM 9:38

DOCUMENT # K11554

1. Corporation Name

THOMAS J. O'BRIEN CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

4565 HELENA DRIVE
TITUSVILLE FL 32780
US

4565 HELENA DRIVE
TITUSVILLE FL 32780
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

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2866036

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DPS	O'BRIEN, THOMAS J.	4565 HELENA DRIVE	TITUSVILLE FL

400004704944--6
-12/04/01--01093--015
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

O'BRIEN, JAMES M
4565 HELENA DRIVE
TITUSVILLE FL 32780

Name

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

1686 W. HIBISCUS BLVD.

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32901

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

REGISTERED AGENT MUST SIGN

Date

11/6/01

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS J. O'BRIEN

Date

Daytime Phone #

11/6/01

CR2E040 (8/01)