## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

#### P02000063277 DOCUMENT #

1. Corporation Name

### RAMSEY CONSTRUCTION INC.

FILED

03 OCT 29 PH 12: 23

Principal Place of Business Mailing Addr			ess		1			
322 3 STREET MERRITT ISLAND FL 32953		322 3 STREET MERRITT ISLAND FL 32953						
	addresses are incorrect in any way, line th			REINSTATEWENT 03				
New Principal Office Address, If Applicable     New Mail			ing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida  06/07/2002			
Suite, Apt. #, etc. Suite, Apt. #		, etc.		5. FEI Numbe	· ·	00/01/200	Applied For	
City & State City & State					811	2554616		Not Applicable
Zip	Country	Zip	C	Country	6. CERTIFICATE	OF STATUS DESIRED		onal Fee required ficate of Status
7. Names	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit co	orporations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
D	RAMSEY, PATRICK		322 3 STREET		MERRITT ISLAND FL 32953			
		14 M		A.V. 17	H-Vr.			
				\ <del>\</del>				
			800024253148 			148 <del>***15</del> 6		
						,	244	
				***************************************				
	8. Name and Address of Current	nt		9. Name and Address of New Registered Agent				
			Name				(2/03)	
RAMSEY, PATRICK 322 3 STREET			Street Address (P		P.O. Box Number is Not Acceptable)			
MERRITT ISLAND FL 32953				Suite, Apt. #, Etc	· · · · · · · · · · · · · · · · · · ·		<del></del>	
	/ )			City			State Zip Co	de
10. I, being Signature c Registered	Agent	ove named corporate of the corporate of		<b>ラ</b> ウンション ひ、ション・タ	bligations of Sect		0505, F.S.	
this rein	that I am an officer or director or the rece statement application, the reason for diss y the corporation have been paid and the application is true and accurate, and my s	ol <del>ution</del> has been names of individ	eliminated, the luals listed on th	corporate name satisfies his form do not qualify for	the requirements an exemption un-	of section 607.0401 or 61	17.0401, F.S.,	that all fees

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

TO WHOM IT MAY CONCERN: ENCLOSED IS A CHECK FOR REINSTATEMENT FEE OF 150.00. I DID NOT RECEIVE ANY UBR NOTICES.THANK YOU FOR YOUR ATTENTION.

RAMSEY 322 3<sup>RD</sup> ST.

MERRITTISLAND, FL 32953

321-452-9339