

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  
DIVISION OF CORPORATIONS  
00 AUG 23 PM 1:12

DOCUMENT # **D 97000036456**

1. Corporation Name

**BOB ROCKWELL CONSTRUCTION, INC.**

Principal Place of Business

Mailing Address

**250 KIRBY THOMPSON RD.  
ALVA, FLORIDA 33920**

**250 KIRBY THOMPSON RD.  
ALVA, FLORIDA 33920**

**REINSTATEMENT 99-00**

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

**4-23-97**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

**650749788**

Not Applicable

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)

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
D	ROBERT G. ROCKWELL	250 KIRBY THOMPSON RD	ALVA, FLORIDA 33920
			7000003377927--6 -08/30/00--01063--019 ****900.00 ****900.00
			<i>Handwritten signature</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ROBERT G. ROCKWELL  
250 KIRBY THOMPSON RD.  
ALVA, FLORIDA 33920**

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

*Handwritten signature of Robert G. Rockwell*

REGISTERED AGENT MUST SIGN

**ROBERT G. ROCKWELL  
DIRECTOR**

Date **8-20-00**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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:

*Handwritten signature of Robert G. Rockwell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT G. ROCKWELL  
DIRECTOR**

**8-20-00**  
Date

**863-675-3177**  
Daytime Phone #

CR2E081 (12/98)