

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 20 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 098000080949

1. Corporation Name

Vickers General Contractor, Inc.

2. Principal Office Address

9951 ATLANTIC BLVD

Suite, Apt. #, etc.

Suite 450

City & State

JACKSONVILLE, FL

Zip

32225

Country

Duval

3. Mailing Office Address

9951 ATLANTIC BLVD

Suite, Apt. #, etc.

Suite 450

City & State

JACKSONVILLE, FL

Zip

32225

Country

Duval

4. Date Incorporated or Qualified
To Do Business in Florida

9/14/1998

5. FEI Number

30-0079821

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID W. VICKERS

500009113185

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

9951 ATLANTIC BLVD, SUITE 450

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code

32225

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

David W. Vickers

REGISTERED AGENT MUST SIGN

Date 11/5/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Vickers, David W.	9951 ATLANTIC BLVD	JACKSONVILLE, FL 32225
VPD	Vickers, Stephanie L.	9951 ATLANTIC BLVD	JACKSONVILLE, FL 32225

10. 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:

David W. Vickers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/02

Date

904-720-1888

Daytime Phone #

CR2E081 (9/01)



November 15, 2002

**Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399**

Re: Vickers General Contractor, Inc
FEIN 30-0079821

To Whom It May Concern:

Please find attached our check in the amount of \$150.00 for reinstatement of the above referenced corporation.

As per telephone conversation with the Division of Corporations please note that we moved our offices and never received the renewal forms for our corporation.

We were not aware that the mail was no longer forwarded to our new above address.

Please accept this letter as our request for reinstatement and also as our request to waiver the reinstatement fee, as we never received our renewal form.

Please do not hesitate to contact my accountant, Delores Welch, at (904) 725-8640 if you have any questions or need any additional information.

I apologize for any inconveniences to the Division of Corporations.

Sincerely,

VICKERS GENERAL CONTRACTOR, INC.

David W. Vickers
President

DWV:dsw