

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 30 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P9800080949*

1. Corporation Name

Vickers General Contractor, Inc.

2. Principal Office Address

11250 Old St. Augustine Rd PO Box 5459

3. Mailing Office Address

Suite, Apt. #, etc.

#15-203

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

Country

32257 USA

Zip

Country

32247 USA

500024253905
10/29/03--01021--028 **750.00
REINSTATEMENT 2003

4. Date Incorporated or Qualified To Do Business in Florida

9-14-98

5. FEI Number

59-3540947

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

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

11250 Old St. Augustine Rd.

Suite, Apt. #, Etc.

#15-203

City

Jacksonville

State
FL

Zip Code

32257

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *09-25-03*

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
<i>P</i>	<i>David W. Vickers</i>	<i>11250 Old St. Augustine Rd</i>	<i>#15-203 JAK FL 32257</i>
<i>T</i>	<i>David W. Vickers</i>	<i>" "</i>	<i>" "</i>
<i>S</i>	<i>David W. Vickers</i>	<i>" "</i>	<i>" "</i>

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:

[Signature]

David W. Vickers 09-25-03 904338-6030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)