

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

97 NOV 21 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 424667

1. Corporation Name

Platt Construction, Inc.

Principal Place of Business

215 W. Fifth Avenue  
Mount Dora, FL 32757

Mailing Address

Post Office Box 1255  
Mount Dora, FL 32756

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

May 22, 1973

5. FEI Number

59-1460558

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Donald W. Platt	215 W. Fifth Avenue	Mount Dora, FL 32757
VD	Carol M. Platt	215 W. Fifth Avenue	Mount Dora, FL 32757
STD	Carol M. Platt	215 W. Fifth Avenue	Mount Dora, FL 32757

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-11/25/97--01041--031  
\*\*\*\*923.75 \*\*\*\*923.75

8. Name and Address of Current Registered Agent

Scott R. Porter  
1035A Dixie Avenue  
Leesburg, Florida 34748

9. Name and Address of New Registered Agent

Name

Donald W. Platt

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

215 W. Fifth Avenue

Suite, Apt. #, Etc.

P.O. Box 1255

City

Mount Dora

State

FL

Zip Code

32757

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

*Donald W. Platt*

REGISTERED AGENT MUST SIGN

Date 11/18/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(j), 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:

*Donald W. Platt*

Donald W. Platt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(352) 383-6332

Daytime Phone #

CR2E040 (12/96)