

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
John B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAY 19 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 605296

1. Corporation Name

F. G. CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

217 Ponte Vedra Park Dr.

Suite, Apt. #, etc.

Suite 200

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

USA

3. New Mailing Office Address, If Applicable

Post Office Box 676

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

Zip

32004

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/78

5. FEI Number

59-1867783

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PST	Floyd Garrett	217 Ponte Vedra Park Drive Suite 200	Ponte Vedra Beach, FL

REINSTATEMENT 93-98 (cus)

400002549074--5

05/05/98 01068 026

***1568.75 ***1568.75

LTS

6-2-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

James V. Walker

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

217 Ponte Vedra Park Drive

Suite, Apt. #, Etc.

Suite 200

City

Ponte Vedra Beach

State

FL

Zip Code

32082

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

James Walker

REGISTERED AGENT MUST SIGN

Date 3/31/98

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)(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:

Floyd Garrett, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/3/98

904-285-3204

Daytime Phone #