

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR 25 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Wickham Construction Inc.

Document # 615425

2. Principal Office Address

1780 Highland Ave.
Melbourne, Florida 32935
Suite, Apt. #, etc.

3. Mailing Office Address

Same as 2

Suite, Apt. #, etc.

City & State

Melbourne, Florida

Zip Country

32935

Brevard

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/26/1979

5. FEI Number

591903725

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 Wickham

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

1780 Highland Ave.

Suite, Apt. #, Etc.

City

Melbourne

State
FL

Zip Code
32935

REINSTATEMENT 96-02

11/78

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

Date March 22, 2002

REGISTERED AGENT MUST SIGN

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
Pres.	David Wickham	1770 Highland Ave.	Melbourne, FL 32935
Sec.	David Wickham	1770 Highland Ave.	Melbourne, FL 32935
Tres.	David Wickham	1770 Highland Ave.	Melbourne, Florida 32935

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID
Wickham

3/22/2002
Date

Daytime Phone #

Cell# 321-544-7462
Office #321-254-5780
Fax #321-254-8820

CR2E081 (9/01)