

PLEASE READ ALL

BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA CORPORATIONS STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 655740

1. Corporation Name

ULMER CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

810 SATURN STREET
SUITE 16
JUPITER FL 33477
USPMB # 430
810 SATURN ST # 16
JUPITER FL 33477
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/1980

5. FEI Number

59-2012520

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ULMER, DONALD E	11779 159TH COURT NORTH	JUPITER FL 33478
SD	ULMER, LINDA	11779 159TH COURT NORTH	JUPITER FL 33478

200023956532

10/20/03--01057--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ULMER, LINDA
7859 SE RIVERS EDGE STREET
JUPITER FL 33458

Name

Ulmer, Linda

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

11779 159 CT. N.

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33478

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/12/03

11. 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

10-12-03 561-744-6881

Date

Daytime Phone #

032E040 (7/03)