

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 24 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F01000006198

1. Corporation Name

CURTIS JAMES CONSTRUCTION CO., INC.

Principal Place of Business

741 CENTRE VIEW BLVD  
CRESTVIEW HILLS KY 41017

Mailing Address

741 CENTRE VIEW BLVD  
CRESTVIEW HILLS KY 41017

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

11/24/03-01043-016 \*\*150.00

12/04/2001

5. FEI Number

61-1286645

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 3	City / State / Zip 4
P	SMITH, W. CURTIS	741 CENTRE VIEW BLVD	CRESTVIEW HILLS KY
V	BORKE, JAMES P	741 CENTRE VIEW BLVD	CRESTVIEW HILLS KY
S	WERDEN, GEORGE W	741 CENTRE VIEW BLVD	CRESTVIEW HILLS KY
V	<del>ARNOLD, DAVID</del> Bob Wyrick	741 CENTRE VIEW BLVD	CRESTVIEW HILLS KY

8. Name and Address of Current Registered Agent

~~REICH, FRANK~~  
5101 N. 38TH COURT  
HOLLYWOOD FL 33024

Name

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

Suite, Apt. #, Etc.

City

9. Name and Address of Registered Agent

KEN McCaul

7500 N.W. 25th Street

Unit 119

Miami

State

FL

Zip Code

33122

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

X Kenneth L. McCaul

REGISTERED AGENT MUST SIGN

Date

10/24/03

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:

Bob Wyrick

10/28/03

Date

Daytime Phone #