

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP -2 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **FO2000004944**

1. Corporation Name

Cunningham Construction, Inc

2. Principal Office Address

P.O. Box 4000

3. Mailing Office Address

P.O. Box 4000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Olathe, KS.

City & State

Olathe, KS.

Zip

66063

Country

Johnson

Zip

66063

Country

Johnson

4. Date Incorporated or Qualified
To Do Business in Florida

9-27-2002

5. FEI Number

48-1197572

☒ 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

Arthur Cunningham

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

1115002 Dover

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33619

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

Tom Cunningham

REGISTERED AGENT MUST SIGN

Date

8/28/03

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.	Tom Cunningham	14317 S. Darnell	Olathe, KS. 66062

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:

Tom Cunningham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28/03 (913) 238-7890

Date

Daytime Phone #

CR2E081 (10/02)

7/13

Cunningham

CONSTRUCTION, INC.

P.O. BOX 4000 • OLATHE, KANSAS 66062

OFFICE
(913) 829-7430

FAX
(913) 780-4599

August 8, 2003

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Please find my reinstatement form my corporation. We did not perform any work in Florida during the year 2002, we were in the process of obtaining our license as contractor, we also did not receive our annual report request. Enclosed is my fee for \$ 150.00.

Thank you.
Respectfully,
CUNNINGHAM CONSTRUCTION, INC.



Tom Cunningham
President