

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F41103**

1. Corporation Name

**D.J. KARCHER CONSTRUCTION, INC.**

Principal Place of Business

**2647 HARBOR CIRCLE  
CLEARWATER FL 34619-1726**

Mailing Address

**2647 HARBOR CIRCLE  
CLEARWATER FL 34619-1726**

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		4. Date Incorporated or Qualified To Do Business in Florida <b>08/19/1981</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-2115814</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	KARCHER, DENNIS J	2647 HARBOR CIRCLE	CLEARWATER FL

100002571241--4  
-06/24/98--01064--011  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KARCHER, DENNIS J 2666 S DRIVE CLEARWATER FL 33519		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code	

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 *Dennis J. Karcher*  
THE REGISTERED AGENT MUST SIGN

Date **6-17-98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *Dennis J. Karcher* **Dennis J. Karcher** **6-17-98 813-797-**  
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **3957**

FILED

98 JUN 22 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT **97-98**

CR2040 (8/97)