

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV 15 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000001292**

1. Corporation Name

INDUSTRIAL CONSTRUCTION OF DELAWARE, INC.

Principal Place of Business

50 VALLEY STREAM PARKWAY
MALVERN PA 19355

Mailing Address

50 VALLEY STREAM PARKWAY
MALVERN PA 19355

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

03/17/1995

5. FEI Number

APPLIED FOR

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

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
P	KLOTZBACH, ROBERT	R107 WESTRIDGE SOUTH	PHOENIXVILLE PA 19400
V	KLOTZBACH, FREDERICK	5 ORBIT CIRCLE	NEWARK DE 19711
V	KLOTZBACH, MARK	1383 GLENHARDIE ROAD	WAYNE PA 19087
V	KLOTZBACH, KARL	1194 CHESTERSHIRE PLACE	POTTSTOWN PA 19404
V	GODICK, GENE	66 ASH STOKER ROAD	MORSHAM PA 19044

8. Name and Address of Current Registered Agent

WOLFE, LARRY
200 A JOHN KNOX RD.
TALLAHASSEE FL 32303-0843

9. Name and Address of New Registered Agent

Name

100002010301--5

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

796--01108--003

Suite, Apt. #, Etc.

***375.00 ***375.00

City

State
FL

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

REGISTERED AGENT MUST SIGN

Date **Nov 13, 1996**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

KARL J. KLOTZBACH, VP

7/25/96 (610) 993-7500