

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

97 APR 14 PM 2:44

DOCUMENT # **G12281**

1. Corporation Name
FLAGLER COUNTY CONSTRUCTION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
8 PALMER LANE 8 PALMER LANE
PALM COAST FL 32137 PALM COAST FL 32107
US US



REINSTATEMENT 96-97

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/07/1982	
City & State		City & State		5. FEI Number 59-2253202	
Zip 32164 Country		Zip 32164 Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PV	KING, EDWARD H.	8 PALMER LANE	PALM COAST FL
TS	KING, KAREN G.	8 PALMER LANE	PALM COAST FL
			600002143516--3 -04/15/97-01049-013 ***915.00 ***915.00
			JB44-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KING, EDWARD H.
8 PALMER LANE
PALM COAST FL 32137

Name **King, Edward H.**
Street Address (P.O. Box Number is Not Acceptable)
8 PALMER LN
Suite, Apt. #, Etc.
City **PALM COAST** State **FL** Zip Code **32164**

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 *Edward H. King* REGISTERED AGENT MUST SIGN Date **4-10-97**

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: *Karen G. King* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4-10-97** Daytime Phone # **904-445-3313**

CF2E040 (7/96)