## 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 #** 

1. Corporation Name

FLAGLER COUNTY CONSTRUCTION, INC.

Principal Place of Business

8 PALMER LANE

Mailing Address

8 PALMER LANE

FILED

97 APR 14 PM 2:44

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PALM COAST FL 82137* US			PALM COAST FL <del>-82187</del> US			TO COMPANY OF THE STATE HAND MADEL HANGE THAT SHOWN DEEM BEATH STATE BAREN BEAT			
If above 8	are sessarhha	incorrect in any way. line N	brough incorrect infor	mation and enter c	orrection below	<b>REINS</b>	TATEMEN'	106-97	
If above addresses are incorrect in any way, line through incorrect  2. New Principal Office Address, II Applicable  3. New Mai				ing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     12/07/1982			
Suite, Apt. #, etc. Suite,			Suite, Apt. #, etc	pt. #, etc.		5. FEI Numbe	r alliana	Applied For	
City & State Cit			City & State	rty & State		Not Applicab		Not Applicable	
<sup>Zip</sup> <b>321</b> 7. Names	64	Country	zip 3216	4 Country		6. CERTIFICAT		.75 Additional Fec required for a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Florida						
Title(s)	s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Nu		h r Numbers)	City / S	itate / Zip	
PV	KING, EDWARD H.			8 PALMER LANE		-	PALM COAST FL		
TS	KING, KAREN G.			8 PALMER LANE			PALM COAST FL		
						6(	00002143 -04/15/97- ****915.00	35163 01049-013 ****915.00	
							JB	4-14-97	
Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent Name			
KING, EDWARD H.					Street Adgress (RO: Box Number is Not Acceptable)				
8 PALMER LANE PALM COAST FL 32137				8 PALMER LN Suite, Apt. #, Etc.			N Acceptable)		
					Parm	COAST	Stal		
10. I, bein	g appointed th	e registered agent of the a	bove named corporat	on, am familiar wit		obligations of Sec	ion 607.0505, F.S.		
Signature ( Registered	of I Agent .	Rolly any	REGISTERED AGEN	T MUST SIGN		***************************************	Date	97	
11. De	oes this o	corporation pay evenue under S	any intangib	le tax to th	e ites. Yes	W No □	(See other s	ide for information angible tax.)	
							apter 607 or 617, F.S. I furthe s of section 607.0401 or 617.		

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.