

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

00 JAN -3 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G12281**

1. Corporation Name

FLAGLER COUNTY CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

8 PALMER LANE
PALM COAST FL 32164
US

8 PALMER LANE
PALM COAST FL-32164
US

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

REINSTATEMENT

98-4

4. Date Incorporated or Qualified To Do Business in Florida

12/07/1982

5. FEI Number

59-2253202

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 |
|---------------|--|--|-------------------------|
| PV | KING, EDWARD H | 8 PALMER LANE | PALM COAST FL |
| TS | KING, KAREN G | 8 PALMER LANE | PALM COAST FL |
| | | | |
| | | | |
| | | | |
| | | | |

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****900.00 ****900.00

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 ~~32167-3216~~
32164

Name

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

Suite, Apt. #, Etc.

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

[Signature] **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 12-8-99

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:

[Signature] **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-2-99
Date

RE
904-445-0706
Daytime Phone #