

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **696394**

1. Corporation Name

Goetzmoller Construction Co. Inc.

Principal Place of Business

Mailing Address

PANAMA CITY, FL

P.O. Box 9989

PANAMA CITY, Beach FL 32417

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

2221C Panama City Beach Panama

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 9989

Suite, Apt. #, etc.

City & State

PANAMA CITY Beach, FL

Zip

32417

Country

City & State

PANAMA CITY Beach FL

Zip

32417

Country

FILED
 99 MAR 12 AM 9:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 98-99

4. Date Incorporated or Qualified To Do Business in Florida

4/15/1984

5. FEI Number

59-242447

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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
President	JAMES E. Goetzmoller	208 Golf Circle	PANAMA CITY, FL 32411
Vice President	Jenna F. Goetzmoller	208 Golf Circle	PANAMA CITY, FL 32411
Treasurer	JAMES E. Goetzmoller	208 Golf Circle	PANAMA CITY, FL 32411

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******908.75 ****908.75**

8. Name and Address of Current Registered Agent

JAMES E. Goetzmoller
208 Golf Circle
PANAMA CITY, FL 32411

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City

State
FL

Zip Code

JB 3-12-99

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

James E. Goetzmoller

REGISTERED AGENT MUST SIGN

Date

4-12-99

11. This corporation owes 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 individual's 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:

James E. Goetzmoller

JAMES E. Goetzmoller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99
 Date

850 - 235-9019
 Daytime Phone #