

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Matthew Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

01 MAY 16 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # C 96703

1. Corporation Name

CARL VERNON Construction Co. Inc

2. Principal Office Address

1109 Mulberry

Suite, Apt. #, etc.

City & State

PANAMA City FL

Zip

32401

Country

Bay

3. Mailing Office Address

1909 Tyndall Dr.

Suite, Apt. #, etc.

City & State

PANAMA City FL

Zip

32401

Country

Bay

4. Date Incorporated or Qualified  
To Do Business in Florida

1984

5. FEI Number

59 241 3856

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carlus M. Vernon Jr.

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

1909 Tyndall Dr.

Suite, Apt. #, Etc.

City

PANAMA City FL

State

FL

Zip Code

32401

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Carlus M. Vernon Jr.

REGISTERED AGENT MUST SIGN

Date 5-16-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles

Name of  
Officers and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

Pres CARLUS M. VERNON JR 1909 Tyndall Dr PANAMA City FL 32401

600004275206-7

05/21/01-01197-030

\*\*\*\*\*8.75 \*\*\*\*\*8.75

10. 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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Carlus M. Vernon Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-01 890 785-0705  
Date Daytime Phone #

CR2E081 (9/00)