

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC -6 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **494287**

1. Corporation Name **Dymke Construction Company, Inc**
6900 Barbour Rd
West Palm Beach, FL
33407

500009381055
12/05/02--01085--004 **900.00

500009381055
12/05/02--01085--005 **8.75

REINSTATEMENT

01-02

2. Principal Office Address

6900 Barbour Rd

3. Mailing Office Address

6900 Barbour Rd

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

#1

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33407

Country

Palm Beach

Zip

33407

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

Jan 1986

5. FEI Number

592619840

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

Dennis Maile

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

1122 Parkway Ct

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33413

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

Dennis Maile

REGISTERED AGENT MUST SIGN

Date

Dec 3, 2002

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, Sec, Treas	Dennis Maile	1122 Parkway Ct	West Palm Beach FL 33413

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 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:

Dennis Maile Pres

12-3-02 561-632-5961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)