

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

00 NOV -3 PM 12:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K17939

1. Corporation Name

LETCON CONSTRUCTION CO., INC.



Principal Place of Business

Mailing Address

**% L.S. LETELLIER, III
5560 WILMIN WAY
JACKSONVILLE FL 32207**

**% L.S. LETELLIER, III
5560 WILMIN WAY
JACKSONVILLE FL 32207**

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

4. Date Incorporated or Qualified To Do Business in Florida

03/09/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2874944

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	4 City / State / Zip
PTD	LETELLIER, L S III	5560 WILMIN WAY	JACKSONVILLE FL
VSD	LETELLIER, CAROL H.	5560 WILMIN WAY	JACKSONVILLE FL

REINSTATEMENT *W*
300003481129-0
~~11/30/00-01040-015~~
******758.75 ****758.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**LETELLIER, L.S., III
5560 WILMIN WAY
JACKSONVILLE FL 32207**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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

L.S. Letellier III **SIGNATURE REQUIRED**

Date **NOVEMBER 1, 2000**

REGISTERED AGENT MUST SIGN

11. 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: *L.S. Letellier III* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **NOVEMBER 1, 2000** **904-396-3430**
L.S. LETELLIER III PRESIDENT Date Daytime Phone #

CR2E040 (8/00)