

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

97 JAN 31 AM 7:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L43534

1. Corporation Name

Furman Construction Management of Florida, Inc.

W17-1004

Principal Place of Business

Mailing Address

Florida

100 N.E. 3rd Ave.
Suite 1100
Ft. Lauderdale, FL 33301

REINSTATEMENT

75-97

mwb

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable

Harold O. Miller

Harold O. Miller

Suite, Apt. #, etc.

Suite, Apt. #, etc.

400 S. Tamiami Tr. #250

400 S. Tamiami Tr. #250

City & State

City & State

Venice, FL

Venice, FL

Zip

Country

Zip

Country

34285

USA

34285

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/90

5. FEI Number

59-3001-784

Applied For

Not Applicable

8. CERTIFICATE OF STATUS DESIRED ☐

See other side for information
A 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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|--------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 1 | 2 | 3 | 4 |
| Pres. | Robert Furman | 400 S. Tamiami Tr., #250 | Venice, FL 34285 |
| | | | 700002077247--4 -02/04/97-01142-000 ****575.00 ****575.00 |
| | | | 700002077247--4 -02/04/97-01142-000 ****165.00 ****165.00 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EMO Corporate Services, Inc.
100 N.E. 3rd Ave., Suite 1100
Ft. Lauderdale, FL 33301

Name Harold O. Miller, Chartred

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

400 S. Tamiami Tr., Suite 250

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34285

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

REGISTERED AGENT MUST SIGN

Date

12-30-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

700002077247--4
-02/04/97-01142-000
****340.00 ****340.00

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Robert A. Furman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-30-96