# APPLICATION FOR REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

FILED

97 APR 21 AM 8:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Read Instructions on Other Side Before Making Entries

**Make Check Payable To: *Department of State***

1. Name and Mailing Address of Corporation: DOCUMENT # L89297

D.C. Moxley Contracting, Inc.
Post Office Box 410458
Melbourne, Florida 32941-0458

W97000575

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

**REINSTATEMENT** 92-97

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: July 12, 1990

4. FEI Number: 59-3018474

FEI Number Applied For ☐

FEI Number Not Applicable ☐

5. $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

| 1 Title | 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 and State |
|---|---|---|---|
| D/P/S/T | Danny C. Moxley | 2 Suntree Place | Melbourne, Florida 32940 |
| | | | 800002155383--8 -042597-01079-004 ***1575.00 ***1575.00 |
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| | | | |
| | | | |

DB 4-22-97

**REGISTERED AGENT INFORMATION**

7. Name and Address of Current Registered Agent

Gary B. Frese, Esquire
Frese, Nash & Torpy, P.A.
930 S. Harbor City Blvd., Suite 505
Melbourne, Florida 32901

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State: FL. Zip

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

[redacted] REGISTERED AGENT MUST SIGN

Date March 18, 1997

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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., 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 of Officer or Director

Date March 18, 1997 Daytime Phone # 407/255-5111

Danny C. Moxley, President