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 NOV 17 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004903**

1. Corporation Name

FIRST COAST CONSTRUCTION EDUCATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
5944 RICHARD ST JACKSONVILLE FL 32216	5944 RICHARD ST JACKSONVILLE FL 32216

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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business In Florida: 10/05/1994

5. FEI Number: 59-3270799 | Applied For | Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
CD	PATTON, JOHN	111 RIVERSIDE DR	JACKSONVILLE FL 32202
SD	LAKE, TOM	700 PALMETTO ST	JACKSONVILLE FL 32203
D	MEYERS, DAVID	5772 TIMUQUANA RD	JACKSONVILLE FL 32210
D	CAMPBELL, JOHN	~~6601 SOUTHPOINT DR N #300~~ 3772 Kori Road	JACKSONVILLE FL 32257
~~D~~ D	~~DAVIS, JIM~~ Overcash, Ken	~~11326 DISTRIBUTION AVE W~~ 4235 St. Augustine Road	~~JACKSONVILLE FL~~ Jacksonville, FL 32207
D	SPENCER, DAVID	4856 VICTOR STREET	JACKSONVILLE FL 32207

8. Name and Address of Current Registered Agent

MCCARTHY, JAMES
5944 RICHARD ST
JACKSONVILLE FL 32216

9. Name and Address of New Registered Agent

Name: Dykhuisen, Gerald A.

Street Address (P.O. Box Number is Not Acceptable): 5944 Richard Street

Suite, Apt. #, Etc.:

City: Jacksonville | State: FL | Zip Code: 32216

11-18-97

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-11/19/97--01005--003
****236.25 ****35.25

CR2E040 (8/97)

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: [signature] Date: 11/13/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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., 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: [signature] DAVID SPENCER 11/13/97 731-1506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #