

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 NOV -5 AM 11:10

DOCUMENT # **N94000004903**

1. Corporation Name

**FIRST COAST CONSTRUCTION EDUCATION FOUNDATION, INC.**

SECRETARY OF STATE  
760008780047  
11/04/02--01061--001 \*\*236.25

Principal Place of Business

6900 SOUTHPOINT DR. N.  
STE 120  
JACKSONVILLE FL 32216

Mailing Address

6900 SOUTHPOINT DR. N.  
STE 120  
JACKSONVILLE FL 32216

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

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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	3772 KORI ROAD	JACKSONVILLE FL 32257
D	OVERCASH, KEN	4235 ST. AUGUSTINE ROAD	JACKSONVILLE FL 32207
D	SPENCER, DAVID	4856 VICTOR STREET	JACKSONVILLE FL 32207

8. Name and Address of Current Registered Agent

HASKELL, DAN  
6900 SOUTHPOINT DR N.  
JACKSONVILLE FL 32216

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/30/02

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. SPENCER

Date

Daytime Phone #

10/30/02

904 636-7788

CR2E040 (8/02)