

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 14 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004903**

1. Corporation Name

FIRST COAST CONSTRUCTION EDUCATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

6900 SOUTHPPOINT DR. N.
STE 120
JACKSONVILLE FL 32216

6900 SOUTHPPOINT DR. N.
STE 120
JACKSONVILLE FL 32216



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

REINSTATEMENT

03-04

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5.-FEI Number

59-3270799

Applied For

Not Applicable

City & State

City & State

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
CD	PATTON, JOHN	111 RIVERSIDE DR	JACKSONVILLE FL 32202
SD	LAKE, TOM PAUL Hoffman	700 PALMETTO ST 4168 Southpoint Parkway	JACKSONVILLE FL 32203 32216
D	MEYERS, DAVID Judd Mickler	5772 TIMBUQUANA RD 10926 Patney Court	JACKSONVILLE FL 32210 32211
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

9. Name and Address of New Registered Agent

HASKELL, DAN
6900 SOUTHPPOINT DR N.
JACKSONVILLE FL 32216

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

300032752593
04/14/04--01050--008 **297.50

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. or 617.0505, F.S.

Signature of
Registered Agent

Date

04-08-04

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:

DAVID SPENCER

Date

4/12/04 6367288

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)