

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR 19 PH 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000000986

1. Corporation Name

CONSTRUCTION INTERIORS, INC.

Principal Place of Business

1326 MAIN STREET
JACKSONVILLE FL 32206

Mailing Address

1326 MAIN STREET
JACKSONVILLE FL 32206

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

2. New Principal Office Address, If Applicable

537A PARK ST.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

537A PARK ST.
Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32204

Country

Zip

32204

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2000

5. FEI Number

59-3629650

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 3	City / State / Zip 4
P	Jerry C. Garvell	4214 Bayview Dr.	Fernandina Bch, FL
S/T	Fred H. Howard	1301 San Amaro Rd	Jacksonville FL

8. Name and Address of Current Registered Agent

HOWARD, FRED
1326 MAIN STREET
JACKSONVILLE FL 32206

9. Name and Address of New Registered Agent

Name

Fred Howard

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

537A PARK ST

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32204

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 2-28-02

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-02 904-356-8600

Date

Daytime Phone #