

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000037859

1. Corporation Name

ISAAC GARVIN CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

~~824 HOLLY STREET~~
~~ALTAMONTE SPRINGS FL 32701~~

824 HOLLY STREET
ALTAMONTE SPRINGS FL 32701

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

~~362 COMMERCE WAY #120~~

City & State
Longwood, FLORIDA

Zip
32750

Country
SEMINOLE

Suite, Apt. #, etc.

~~362 COMMERCE WAY #120~~

City & State
Longwood, FLORIDA

Zip
32750

Country
SEMINOLE

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/2000

5. FEI Number

59-3638538

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	ISAAC M. GARVIN	126 HATTAWAY DRIVE	ALTAMONTE SPRS, FL 32701

700004649747--8
-10/23/01--01042--013
****750.00 ****750.00

10/14/01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARVIN, ISAAC
126 HATTAWAY DRIVE
ALTAMONTE SPRINGS FL 32701

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/14/01

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

10/14/01 904-219-4555
Date Daytime Phone #

CR2E040 (8/01)