

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -3 PM 4:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000038213

**1. Corporation Name**

Hancock Construction, Inc.

**2. Principal Office Address**

9 Jupiter Pass Track  
Ocala, Florida 34480

**3. Mailing Office Address**

9 Jupiter Pass Track  
Ocala, Florida 34480

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

APR. 13, 2000

**5. FEI Number**

59-3641802

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$375 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Cecil J. Hancock

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

9 Jupiter Pass Track

Suite, Apt. #, Etc.

City

Ocala, Floirda

State

FL

Zip Code

34480

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Cecil Hancock

REGISTERED AGENT MUST SIGN

Date 10-27-03

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES TRER	Cecil Hancock	9 Jupiter Pass Track	Ocala, Florida 34480

**10. 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:

Cecil Hancock  
Cecil Hancock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-03  
Date

351-245-7954  
Daytime Phone #

CR2E081 (10/02)