

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 JAN 10 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000044488

1. Corporation Name

ROBERT JAMES CONSTRUCTION, INC.

Principal Place of Business

550 FAIRWAY DR. STE. 104  
DEERFIELD BEACH FL 33441

Mailing Address

550 FAIRWAY DR. STE. 104  
DEERFIELD BEACH FL 33441

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

05/03/2000

5. FEI Number

65-1007971

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
JP	SEIFERT, JAMES A	550 FAIRWAY DR, STE. 104	DEERFIELD BEACH FL 33441
O	Mayer, Robert	550 Fairway Dr., Ste. 104	Deer Field, FL. 33441

100010002971  
01/18/03--01014--004 \*\*150.00

8. Name and Address of Current Registered Agent

DICKENSON, DAVID B -  
980 N FEDERAL HWY, STE. 410  
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Deer Field

FL

33441

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 12-15-02

11. I certify that I am an officer or director of 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

Date

Daytime Phone #

12-15-02 954-574-0593

CR2E040 (8/02)

**Robert James Construction, Inc.**

550 Fairway Drive, Ste. 104  
Deerfield, Florida 33441

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

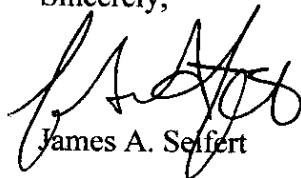
12/27/02

Re: Application for reinstatement

To Whom It May Concern,

Please be advised that I did not receive the prior UBR notices. Attached is my application fee check for \$150.00, as well as the completed application for reinstatement. Please note that I am an officer of the corporation. If you have any questions I may be reached via my cell phone at the following number (561)255-4398.

Sincerely,



James A. Seifert