

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC -3 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000065067**

1. Corporation Name

FSCP CONSTRUCTION, INC.

Principal Place of Business

**1325 SCARLETT TRAIL
NEW SMYRNA BCH FL 32168**

Mailing Address

**1325 SCARLETT TRAIL
NEW SMYRNA BCH FL 32168**



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

932 Orange Ave
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

932 Orange Ave
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/2000

5. FEI Number

59-3682290

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

Zip

32114

Country

Volusia

Zip

32114

Country

Volusia

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
D	LOCKE, JAMES	2700 N PENINSULA AVE NO 251	NEW SMYRNA BCH FL 32169
D	RENAUD, RICHARD B SR.	1325 SCARLETT TRAIL	NEW SMYRNA BCH FL 32168

700008829627
11/06/02--01073--013 **150.00
700008829627
12/03/02--01080--002 **500.00

8. Name and Address of Current Registered Agent

**HALL, DAVID W
485 CARDINAL OAKS CT.
LAKE MARY FL 32746**

9. Name and Address of New Registered Agent

Name

James Locke

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

932 Orange Ave

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32114

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 **11/01/02**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/02

Daytime Phone #

386-252-6034

CR2E040 (8/02)