

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **# 750**

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Cherie Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -5 PM 4:00

DOCUMENT # **P00000093839**

1. Corporation Name

FLORIDA CONTRACTING & DEVELOPMENT INC

Principal Place of Business

Mailing Address

9923 LORRAYNE RD.
RIVERVIEW FL 33569

9923 LORRAYNE RD
RIVERVIEW FL 33569



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

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2876626

Applied For

Not Applicable

City & State

City & State

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
D	KIGHT, DONALD	9923 LORRAYNE RD	RIVERVIEW FL 33569
Pres	KIGHT, FELAINA	0514 US 301 S	RIVERVIEW, FL 33569

300004741643--0
-12/27/01--01057--013
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRACE, RONALD
19122 GOLDEN CACOOIN PLACE
LUTZ FL 33549

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

Ronald Brace
REGISTERED AGENT MUST SIGN

Date

11/27/01

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.

AD

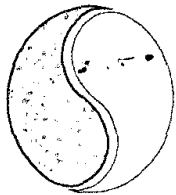
SIGNATURE:

Ronald Brace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/27/01 (813) 677-3508



Florida Contracting & Development, Inc.
P.O. Box 3565
Riverview, Fl 33568

(813) 917-3486 Cell
(813) 672-8405 Fax

November 28, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

RE: Document # P00000093839

To whom it may concern:

We did not receive the original document for some unknown reason. Please accept this document as first response; here is the check for \$150.00. If you have any question please give me a call at (813) 677-3508.

Thank you for your help.

Sincerely,

Donald Kight