13182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -3 AM 6:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800035155928
05/03/04--01014--011 **300.00

DOCUMENT # P00000117964

1. Corporation Name
Florida Deck Construction Inc.

2. Principal Office Address	**3.** Mailing Office Address
4777 Rothschild dr.	4777 Rothschild DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs Fl.	City & State: Coral Springs FL
Zip: 33067 Country: U.S.	Zip: 33067 Country: US

REINSTATEMENT 05-04

4. Date Incorporated or Qualified To Do Business in Florida 1/02/01

5. FEI Number 65-1067104 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: RONALD R MARTIN
Street Address (P.O. Box Number is Not Acceptable): 4777 Rothschild DRive
Suite, Apt. #, Etc.:
City: Coral Springs State: FL Zip Code: 33067

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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	RONALD R MARTIN	4777 Rothschild DR	Coral Springs FL 33067

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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4/28/04

Department of State
Division of Corporations
P. O. Box 6327
TALLAHASSee FL 32314

DeAr Sir/MADAm

I AM enclosing my check for $300.00 to cover my annual filing fees For tAx yeARs 2003 & 2004.

I would Like to let you know that I have not received Any filing information From your office For Any of the Above mentioned years. I DID call the Dept of State, & wAS told to send my check of $300 with this note & my Reinstatement form & my corporation would be Active once Again.

My Sincerest thanks For All the help I was given

Sincerely