

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -4 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P01000003108**

1. Corporation Name

**CURY & SALTMARSH CONSTRUCTION COMPANY, INC.**

Principal Place of Business

1993 LARGO ROAD  
JACKSONVILLE FL 32207

Mailing Address

1993 LARGO ROAD  
JACKSONVILLE FL 32207

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

01/05/2001

5. FEI Number

59-3710637

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
PD	SALTMARSH, ERNEST O III	1993 LARGO ROAD	JACKSONVILLE FL 32207
TD	CURY, CHRISTOPHER T	1020 EAST TROPICAL WAY	PLANTATION FL 33317
SD	COOK, B. ALAN	2139 MANGO PLACE	JACKSONVILLE FL 32207

000024423330  
11/04/03 01075 005 \*\*150.75

8. Name and Address of Current Registered Agent

EDWARDS, DAVID J  
200 N LAURA STREET SUITE 1200  
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name **Edwards, David J.**  
Street Address (P.O. Box Number is Not Acceptable)  
**6 East Bay Street**  
Suite, Apt. #, Etc.  
**Suite 500**  
City **Jacksonville** State **FL** Zip Code **32202**

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

REGISTERED AGENT MUST SIGN

Date

**X 10/29/03**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-393-7147

10/26/03



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

October 23, 2003

Dear Sir or Madam:

Please consider this letter official notification that we did not receive either notice for the Uniform Business Report Form for renewing Cury & Saltmarsh Construction Company, Inc. Attached is a check for \$158.75: \$150 for renewal, and \$8.75 for the certificate proving the company status.

If you have any questions, please call me at 904.393.7147.

Sincerely,

A handwritten signature in black ink, appearing to read "Ernie Saltmarsh", is written over the word "Sincerely,".

Ernie Saltmarsh  
President