

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 19 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000003989

1. Corporation Name

R. MAXWELL CONSTRUCTION, INC.

2. Principal Office Address

1018 S. Wiggins Road
Plant City, FL 33566

Suite, Apt. #, etc.

3. Mailing Office Address

1018 S. Wiggins Road
Plant City, FL 33566

Suite, Apt. #, etc.

City & State

Plant City, FL 33566

City & State

Plant City, Florida 33566

Zip
33566

Country
Hillsborough

Zip
33566

Country
Hillsborough

4. Date Incorporated or Qualified

To Do Business in Florida
January 8, 2001

5. FEI Number

59-3387933

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

Rebecca Ann Maxwell

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

1018 S. Wiggins Road

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33566

800009595958
12/19/02--01030--009 **750.00

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

Rebecca Maxwell

Date

REGISTERED AGENT MUST SIGN

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
V/S/D	Glenn D. Maxwell	1018 S. Wiggins Road	Plant City, FL 33566
P/S/D	Rebecca Ann Maxwell	1018 S. Wiggins Road	Plant City, Florida 33566

REINSTATEMENT 02

TO

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:

Rebecca Maxwell

12/5/02

(813) 659-8589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)