

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -5 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300028014693
03/10/04--01078--003 **150.00

300028014693
02/02/04--01058--022 **750.00

DOCUMENT # P01000009773

1. Corporation Name

FCB Contractors of East Florida, Inc.

2. Principal Office Address

1457 S.W. 25th Place

Suite, Apt. #, etc.

#C

City & State

Boynton Beach, Florida

Zip

33426

Country

Palm Beach

3. Mailing Office Address

1457 S.W. 25th Place

Suite, Apt. #, etc.

#C

City & State

Boynton Beach, Florida

Zip

33426

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/2001

5. FEI Number

65-1085327

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

Tony E. Bray

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

1457 S.W. 25th Place

Suite, Apt. #, Etc.

#C

City

Boynton Beach

State

FL

Zip Code

33426

REINSTATEMENT

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

Tony E. Bray

Date 1/26/04

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 Officers and/or Director	City/State/Zip
P, S, T	Tony E. Bray	1457 S.W. 25th Place #C	Boynton Bch, FL 33426
VP, D	Tony E. Bray	1457 S.W. 25th Place #C	Boynton Bch, FL 33426

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:

Tony E. Bray

Tony E. Bray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-26-04

Daytime Phone #