

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 16 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000010259**

1. Corporation Name

Coons Construction Inc.

2. Principal Office Address

135 43rd Court

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32968

Country

USA

3. Mailing Office Address

"same"

Suite, Apt. #, etc.

City & State

REINSTATEMENT **02**

4. Date Incorporated or Qualified
To Do Business in Florida

1-26-01

5. FEI Number

59-3695237

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

William J Coons

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

135 43rd Court

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32968

800009522938
12/16/02--01044--027 **751.00

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

William J Coons

Date

12-12-02

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
Mr.	William J. Coons	135 43rd Court	Vero Beach, FL 32968

12/18

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:

William J Coons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-12-02

Date

772-473-0169

Daytime Phone #

CR2E081 (9/01)