

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 FEB 21 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000010259**

1. Corporation Name

**Coons Construction INC.**

02-04-04 DIDID DIS 308-95

03-05

**REINSTATEMENT**

2. Principal Office Address

**2795 6<sup>th</sup> ST**

Suite, Apt. #, etc.

3. Mailing Office Address

**2795 6<sup>th</sup> ST**

Suite, Apt. #, etc.

City & State

**Vero Beach FL**

City & State

**Vero Beach FL**

Zip

**32968**

Country

**USA**

Zip

**32968**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**Jan 26, 2001**

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)

**2795 6<sup>th</sup> ST**

Suite, Apt. #, Etc.

City

**Vero Beach**

State  
**FL**

Zip Code

**32968**

**300047507713**  
**03/01/05--01052--003 \*\*150.00**

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

**[Signature]**

REGISTERED AGENT MUST SIGN

Date

**2-10-05**

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
<b>MR</b>	<b>William J Coons</b>	<b>2795 6<sup>th</sup> ST</b>	<b>Vero Beach FL 32968</b>

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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-10-05**

Date

**(772) 473-0169**

Daytime Phone #

CR2E081 (01/05)

2/25/05

## ~Coons Construction~

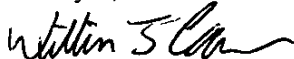
2795 6<sup>th</sup> Street Vero Beach, FL 32968  
(772) 563-0501 Office (772) 794-4440 Fax  
CRC014101

Feb. 11, 2005

To whom it may concern;

I have been assuming that my corporation has been active for the last few years because I have sent in my payment and filled out all of the required paperwork. It came as a surprise to me that it has been dissolved as of 2003 because of my error to sign the paperwork. I am asking that you please wave the fees, apply the check that has been cashed and reinstate my corporation for 2005. Inclosed is a check for the fee of \$150.

Thank you,



William Coons  
Coons Construction