

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 AUG 15 PM 4:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P010600207A

**1. Corporation Name**

FODEN Construction Inc.

**2. Principal Office Address**

4100 CORPORATE SQ

Suite, Apt. #, etc.

#139

City & State

NAPLES FL

Zip

34104

Country

USA

**3. Mailing Office Address**

SME

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 03-05**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-1084156

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ \$8.75 Addl. for a Corp.

**7. Name and Address of Current Registered Agent**

Name

RICHARD A FODEN

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

4100 CORPORATE SQUARE BLVD #139,

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34104

**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 8/10/05

**9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
P	RICHARD A FODEN	4100 Corporate Sq Blvd #139, Naples FL 34104	

**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

8/10/05

(239) 599-5100

CR2E081 (01/05)