

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000025577

1. Corporation Name

NEWMAN CONSTRUCTION, INC.

Principal Place of Business

#10 RD
SALEM FL 32356

Mailing Address

PO BOX 202
SALEM FL 32356

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/2001

5. FEI Number

59-3753354

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PT	NEWMAN, WILLIAM M JR	PO BOX 202	SALEM FL 32356
VS	NEWMAN, CINAMENT L	PO BOX 202	SALEM FL 32356

8. Name and Address of Current Registered Agent

NEWMAN, WILLIAM M JR
10155, #10 RD.
SALEM FL 32356

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

William M. Newman, Jr.
REGISTERED AGENT MUST SIGN

Date

10/23/03

11. 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 M. Newman, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/03

Daytime Phone #

850-584-9267

FILED

03 OCT 27 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

800024172388
10/27/03--01101--005 **150.00

CR2E040 (7/03)

October 10, 2003

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
PO BOX 6327
TALLAHASSEE, FL 32314

To whom it may concern:

We just received a notice of administrative dissolution in the mail yesterday. This is the first notice that we have received. We are requesting that you please waive the reinstatement fee. Thank you in advance for your assistance.

Sincerely,

Bill Newman

William M. Newman, Jr.

PRESIDENT

NEWMAN CONSTRUCTION, INC.

PO BOX 202

SALON, FL 32356

FEI # 59-3753354