

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO1000097017**

1. Corporation Name

HARCON CONSTRUCTION MANAGEMENT, INC.

2. Principal Office Address - No P.O. Box #

1618 MANAN CENTER BLVD

Suite, Apt. #, etc.

SUITE 103

City & State

TALLAHASSEE FL

Zip

32308

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/2001

5. FEI Number

59-3754167

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

MARION D. LAMB III

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

217 PINEWOOD DRIVE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

M. D. LAMB III

REGISTERED AGENT MUST SIGN

Date

9/30/10

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
PRES	HAROLD PAMER	1618 MANAN CENTER BLVD SUITE 103	TALLAHASSEE FL 32308

10. E-mail Address: **HAROLD.HARCON@GMAIL.COM**

(To be used for future annual report notification)

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, I further certify, 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

Date

4/30/10

Daytime Phone #

050-556-2614

FILED

10 APR 30 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800180297128
05/04/10--01012--013 **300.00

REINSTATEMENT

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