## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of Sate DIVISION OF CORPORATIONS

P01000117517

1. Corporation Name

DOCUMENT #

N.I.C. CONSTRUCTION, INC.

Mailing Address

100 BAIRD ST SANTA ROSA BEACH EL 32459

Principal Place of Business

100 BAIRD ST

FILED

03 JAN 16 AM 10: 01

SECRETARY OF STATE TALLAMASSEE, FLORIDA

NICH HOOF DEAGN TE SEAS	SANTA ROSA DEAGN F	L 32439		02-03	
f above addresses are incorrect in any way, line	through incorrect information	and enter correction below.		pool a maria	
New Principal Office Address, If Applicable 5822 E357 Bay BLV lite, Apt. #, etc.	D 3_New Mailing Office A	T BAY BLUD	Date Incorporated or Qualified To Do Business in Florida 12/12/2001		
			5. FEI Number	Applied For	
Y & State Breeze, FL	CULT BREE	ze FU	010228.4:4-1	Not Applicable	
32563 ESCAMBIA	Zip <b>32.</b> 563	CSC AMBLA	6. CERTIFICATE OF STATUS DESIRED	S8.75 Additional Fee required for a Certificate of Status	
Names and Street Addresses of Each Officer at	nd/or Director (Florida nonne	fit cornerations must list at it	aget 3 directors)		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Title(s)	Name of Officers and/or Directors		reet Address of Each ficer and/or Director	City / State / Zip			
<b>D</b>	CORNELIUS, WILLIAM J	100 BAIRD ST		SANTA ROSA BEACH FL 32459			
		,	80 11/04/	0008 <b>7</b> 69638 )201007015 **600.00			
		·	80 01/16/	0008769638 0301049011 **300,00			
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent				
CORNELIUS, WILLIAM J							
100 BAIRD ST SANTA ROSA BEACH FL 32459			Street Address (P.O. Box Number is Not Acceptable)				

City

State 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.

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.