

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000118613

1. Corporation Name

BOX CONSTRUCTION, INC.

Principal Place of Business

6716 NW 63RD AVE  
GAINESVILLE FL 32653

Mailing Address

6716 NW 63RD AVE  
GAINESVILLE FL 32653



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/14/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BOX, HOWARD E	6716 NW 63RD AVE	GAINESVILLE FL 32653

800009327258  
12/03/02--01076--019 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOX, HOWARD E  
6716 NW 63RD AVE  
GAINESVILLE FL 32653

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Signature of Howard E. Box

Date

Daytime Phone #

11-29-02 352-222-4584

CR2E040 (8/02)

10-29-02

I Howard E Box gives  
Eddie Box the right to  
speak on my behalf.

Howard E Box

If you have any questions  
please call me at my office  
at 352-372-3969

Thank you

Eddie Box

JUNE 12, 2002

DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL.

TO WHOM IT MAY CONCERN:

---

AFTER SEEING A BOOKKEEPER ON THE 10<sup>TH</sup> OF JUNE , I WAS TOLD THAT I SHOULD HAVE RECEIVED IN THE MAIL A UNIFORM BUSINESS REPORT AND THAT IT NEEDED TO BE FILED BEFORE MAY 1<sup>ST</sup>.  
I CALLED THE DIVISION OF CORPORATIONS AND WAS TOLD TO GO ON THE WEB SITE AND PRINT IT AND FILL IT OUT AND MAIL IT WITH \$150.00 AND TO TELL YOU THAT I NEVER RECEIVED ONE . I CHECKED MY ADDRESS ON THE OTHER PAPER WORK THAT I RECEIVED AND IT IS CORRECT.

THANK YOU

  
HOWARD E. BOX

---