

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG -6 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000001429

1. Corporation Name

G Randall Construction

2. Principal Office Address

10522 Scott Mill Rd

Suite, Apt. #, etc.

City & State Ponte Vedra

Jacksonville FL

Zip 32082 Country USA

32057

3. Mailing Office Address

10522 Scott Mill Rd

Suite, Apt. #, etc.

City & State Ponte Vedra

Jacksonville FL

Zip 32082 Country USA

32057

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

26-0020297

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

Gary R. Ostoski 1194 Salt Marsh Circle

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

10522 Scott Mill Rd

Suite, Apt. #, Etc.

FL

City

Jacksonville Ponte Vedra

State

FL

Zip Code

32082

32057

new address

400035260644
05/03/04 01053 010 **750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 4/29/04

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
<u>Pres</u>	<u>Gary Ostoski</u>	<u>10522 Scott Mill Rd</u>	<u>Jacksonville FL</u>
<u>Sec</u>	<u>Linda Ostoski</u>	<u>10522 Scott Mill Rd</u>	<u>Jacksonville FL</u>

REINSTATEMENT

03-04

400035260644
06/04/04--01035--003 **150.00

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]

Gary Ostoski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/04

Daytime Phone #

904-

298-2951