

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000007800

1. Entity Name

STEVE HAGERMAN CONSTRUCTION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -4 AM 9:30

Principal Place of Business

1322 DEWITT LANE
SEBASTIAN, FL 32958

Mailing Address

1322 DEWITT LANE
SEBASTIAN, FL 32958

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05272008

REIN-P

CR2E098 (1/07)

4. FEI Number

01-0589251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MOORE, ROBERT D
530 33RD AVE.
VERO BEACH, FL 32968

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert D Moore
Signature, typed or printed name of registered agent and title if applicable.

ROBERT D MOORE

5/28/08

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HAGERMAN, STEVEN M
1322 DEWITT LANE
SEBASTIAN, FL 32958 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
600130725786
06/04/08--01015--022 ***300.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-08

(712) 633-4831

Date

Daytime Phone #