

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000012788

1. Corporation Name

R.A. GREAVES CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

1520 SE 11TH ST
DEERFIELD BEACH FL 33341

1520 SE 11TH ST
DEERFIELD BEACH FL 33341



REINSTATEMENT 03

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

01/30/2002

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GREAVES, RAYMOND	1520 SE 11TH ST	DEERFIELD BEACH FL 33341

300023967833
10/21/03--01054--006 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZADEN, RICHARD J
1749 NE 26TH ST, SUITE F
FT LAUDERDALE FL 33024

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

REGISTERED AGENT MUST SIGN

Date

10/15/03

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:

RAYMOND GREAVES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/03 934-818-9565
Daytime Phone #

CR2040 (7/03)



Greaves Construction, Inc.

October 16, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: R. A. Greaves Construction, Inc - Document Number P02000012788

Please accept my application for renewal and activation of my corporate status and abate any of the reinstatement fees for the following reasons.

On April 22, 2003 I sent in the renewal form along with Check # 1232 for \$ 150.00 which was returned to me for form being incompletely filled out.

On July 30, 2003 I sent in the returned renewal form along with Check # 5514 for \$ 150.00.

On September 19, 2003 my corporation was put in the inactive status, I have called your office and have been informed that you have never received this last renewal and check.

Please accept this letter, renewal form and check without penalty.

Thank you in advance for your help in this matter.

Sincerely,



Raymond Greaves