

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000016733**

1. Corporation Name

**DIXIE STATE CONSTRUCTION, INC.**

Principal Place of Business

Mailing Address

2715 PARENTAL HOME RD.  
JACKSONVILLE FL 32216

2715 PARENTAL HOME RD.  
JACKSONVILLE FL 32216

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

2. New Principal Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03-04



800027610078

02/09/04--01055--003--\*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

02/08/2002

5. FEI Number

04-3659765

Applied For

Not Applicable

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
DPT	CARTER, WADE	2715 PARENTAL HOME RD.	JACKSONVILLE FL 32216
DVS	CARTER, PATRICIA A	2715 PARENTAL HOME RD.	JACKSONVILLE FL 32216

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01/26/04--01071--020--\*\*750.00

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CARTER, WADE  
2715 PARENTAL HOME RD.  
JACKSONVILLE FL 32216

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

*Patricia A. Carter*  
REGISTERED AGENT MUST SIGN

Date

NOV. 3, 2003

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:

*Patricia A. Carter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-5-03 630-7673

Daytime Phone #

CR2040 (7/03)