

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 # P02000055521

1. Corporation Name

UPRIGHT CONSTRUCTION, INC.

Principal Place of Business

7112 MARBLE CT  
JACKSONVILLE FL 32211

Mailing Address

7112 MARBLE CT  
JACKSONVILLE FL 32211

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/17/2002

5. FEI Number

020621542

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LAWRENCE, PAUL K	7112 MARBLE CT	JACKSONVILLE FL 32211

500823700755  
10/10/03--01022--008 \*\*150.00

8. Name and Address of Current Registered Agent

LAWRENCE, PAUL K  
7112 MARBLE CT  
JACKSONVILLE FL 32211

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

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

*Paul Lawrence*  
REGISTERED AGENT MUST SIGN

Date 10-9-03

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:

*Paul Lawrence*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-03  
Date

904-744-8208  
Daytime Phone #

CR2E040 (7/03)

TO whom it may concern,  
I am writing another letter  
saying that we did not receive  
a form for 2003, not the 1<sup>st</sup>  
or 2<sup>nd</sup> notice.

I sent the \$50.00 and I  
would like the \$600.00 waived  
because we had no notice to  
take care of this earlier.

And this is what your  
representative's told me to do.

Thank you  
Paul Jammal