

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03

03 SEP 30 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000067908

1. Corporation Name

C.R. Construction of Brevard, Inc.

2. Principal Office Address

765 Morris Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

765 Morris Rd.

Suite, Apt. #, etc.

City & State

Rockledge FL

City & State

Rockledge FL

Zip

32955

Country

Zip

32955

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/19/02

5. FEI Number

47-0872013

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

Chris Riley

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

765 Morris Rd.

Suite, Apt. #, Etc.

City

Rockledge

State
FL

Zip Code

32955

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Chris Riley

Date 9/29/03

REGISTERED AGENT MUST SIGN

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
P	Chris Riley	765 Morris Rd.	Rockledge FL 32955
V	William R. Chapell	765 1/2 Morris Rd	Rockledge FL 32955
S	Gary Walker	6934 Boston Rd	Cocoa FL 32927
T	Jonathan Clawson	765 Morris Rd.	Rockledge FL 32955

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:

Chris Riley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/03

Date

Daytime Phone #

CR2E081 (10/02)

211011

C.R. Construction of Brevard, Inc.
765 Morris Road
Cocoa, FL 32926

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

We are requesting a waiver of the reinstatement fee for the corporation, as the corporation never received an annual report. Actually, the corporation has never received any mail from the Division of Corporations. After reviewing the information online, it appears that the address was typed incorrectly on the filing.

Please reinstate the corporation without charging a reinstatement fee. We have enclosed the annual fee and the reinstatement application.

Thank you for your consideration in this matter.

Sincerely, 

Chris Riley
President