

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000094725**

1. Corporation Name
F3 Construction, INC (formerly F3 INC.)

2. Principal Office Address - No P.O. Box #
2480 SW Monterrey Ln
Suite, Apt. #, etc.

3. Mailing Office Address
2480 SW Monterrey Ln
Suite, Apt. #, etc.

City & State
Port St. Lucie, FL
Zip
34593
Country
USA

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Port St. Lucie, FL
Zip
34593
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida
8/29/2002

5. FET Number
02-0674842

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED
yes

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
DAVID F. Farmer
Street Address (P.O. Box Number is Not Acceptable)
2480 SW Monterrey Ln
Suite, Apt. #, Etc.
City
Port St. Lucie
State
FL
Zip Code
34593

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 **D F F**
REGISTERED AGENT MUST SIGN

Date **8/6/18**

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
DP	David F. Farmer	2480 SW Monterrey Ln.	Port St. Lucie, FL 34593

10. E-mail Address: **na@dave7@bellsouth.net**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: **D F F** PRESIDENT (DAVID F. FARMER) 8/6/18 561-308-8207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #