

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 NOV 17 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000126180**

1. Corporation Name

EDEN CONSTRUCTION & CONSULTING SERVICES, INC.

Principal Place of Business

Mailing Address

513 NW 22ND AVE #1
FT. LAUDERDALE FL 33311

513 NW 22ND AVE #1
FT. LAUDERDALE FL 33311



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

11/27/2002

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVST	CONE, E. DENISE	513 NW 22ND AVE #1	FT. LAUDERDALE FL 33311
D	CONE, E. DENISE	513 NW 22ND AVE #1	FT. LAUDERDALE FL 33311

300024761633
11/17/03--01093--013 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TURNER, OTHEL
5787 W. SUNRISE BLVD.
PLANTATION FL 33313

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

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

OTHEL TURNER & CO.

ACCOUNTANTS

5787 WEST SUNRISE BOULEVARD • HUMANA PLAZA

PLANTATION, FLORIDA 33313

(954) 583-2205 FAX: (954) 321-0532

November 13th, 2003

Division of Corporations

Annual report Section

P.O. Box 1500

Tallahassee, Fl. 32302-1500

RE: EDEN CONSTRUCTION & CONSULTING SERVICES, INC

DOCUMENT # P02000126180

FEI NUMBER: 45-0494412

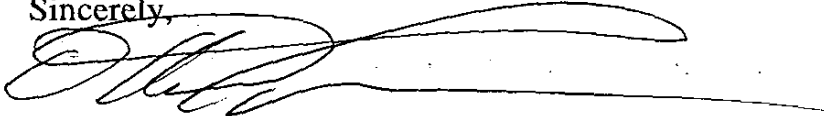
This letter is written as a request for abatement of the \$400.00 late fee due to reasonable cause, as requested by your office.

The taxpayer never received your original notice.

Herewith enclosed is Check No. 4312 in the amount of \$150.00 for Eden Construction & Consulting Services, Inc.

Please file accordingly and abate the late fee.

Sincerely,



Othel Turner

for Denise E. Cone