

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000064364

1. Entity Name  
I.N.C. CONSTRUCTION, INC.



FILED

04 NOV -9 AM 10: 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4709 LUCERNE LAKES BLVD. EAST, #101  
LAKE WORTH, FL 33467

Mailing Address  
4709 LUCERNE LAKES BLVD. EAST, #101  
LAKE WORTH, FL 33467



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10212004 REIN-P CR2E098 (6/04)

4. FEI Number

02-0696166-

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KHAN, SHAID  
4709 LUCERNE LAKES BLVD. EAST, #101  
LAKE WORTH, FL 33467

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D  
NAME KHAN, SHAID  
STREET ADDRESS 4709 LUCERNE LAKES BLVD. EAST, #101  
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME 500042155595  
STREET ADDRESS 10/25/04--01058--009 \*\*150.00  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-04

Date

Daytime Phone #