

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 403000072806

1. Corporation Name

Foley & Sons General Contractors Inc

2. Principal Office Address - No P.O. Box #

10003 N.W. 53 Ct

Suite, Apt. #, etc.

3. Mailing Office Address

10003 N.W. 53 Ct.

Suite, Apt. #, etc.

City & State

Coral Springs FL.

City & State

Coral Springs FL

Zip

33076

Country

Broward

Zip

33076

Country

7. Name and Address of Current Registered Agent

Name

Kenneth Foley

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

10003 N.W. 53 Ct

Suite, Apt. #, Etc.

City

Coral Springs FL

State

FL

Zip Code

33076

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

Kenneth Foley

Date 5-18-07

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
Pres.	Kenneth Foley	10003 N.W. 53 Ct	Coral Springs FL 33076

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 contained in Chapter 119, 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:

Kenneth Foley Kenneth Foley

5-18-07

Date

754-224-9123

Daytime Phone

FILED

07 MAY 18 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

000104425800
05/05/07--01032--003 **1050.00

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

7-1-03

5. FEI Number

200400140

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.