

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000031102

1. Entity Name
FL GENERAL CONSTRUCTION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -5 PH 3:01

Principal Place of Business
2 HARGROVE GRADE
UNIT 1
PALM COAST, FL 32137

Mailing Address
P O BOX 352918
PALM COAST, FL 32135-2918

REINSTATEMENT 05-06



2. Principal Place of Business
1 Enterprise Drive, Unit 5
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01102006 REIN-P CR2E098 (11/05)

City & State
Bunnell, FL
Zip
32110

Country
USA

City & State
Zip
Country

4. FEI Number
76-0781251
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAVY, BENJAMIN
25 PINE CONE DRIVE
SUITE 2A
PALM COAST, FL 32164

7. Name and Address of New Registered Agent

Name
Kenneth Eriksen
Street Address (P.O. Box Number is Not Acceptable)
1 Enterprise Drive, Unit 5
City
Bunnell FL Zip Code
32110

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

Kenneth Eriksen, Pres.

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

(NOTE: Registered Agent signature required when reinstating)

5/1/06
DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ERIKSEN, KENNETH
98 HAWKS LANE
FLAGLER BEACH, FL 32136 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100076380741
05/20/06--01019--025 ***900.00

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 life empowered.

SIGNATURE:

Kenneth Eriksen, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06

Date

386/445-7466

Daytime Phone #