

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000141713

1. Corporation Name

Faithful Hands Construction Inc.

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

3952 McNeil Rd.

Suite, Apt. #, etc

3. Mailing Office Address

P.O. Box 160423

Suite, Apt. #, etc.

City & State

Apopka, FL

City & State

Altamonte Springs, FL

Zip

32703

Country

U.S.A.

Zip

32716

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

Fredrick Hendry

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

3952 McNeil Rd.

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

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

*Fredrick Hendry*

REGISTERED AGENT MUST SIGN

Date

1-18-10

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
CEO	Fredrick Hendry	3952 McNeil Rd.	Apopka, FL 32703
VP	Erron Hendry	1008 San Domingo Rd.	Orlando, FL 32808
Project Manager	Jarius Hendry	3952 McNeil Rd.	Apopka, FL 32703
Secretary	Tanecia Hendry	4301 Shire Ct.	Tampa, FL 33613

10. E-mail Address: fredfhc322@hotmail.com

(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., 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

SIGNATURE:

*Fredrick Hendry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-18-2010

Daytime Phone #

FILED

10 FEB -4 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-10

600166853846

01/21/10--01043--001 \*\*600.00  
CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 10/13/2004

5. FEI Number

201740543

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.

600166853846

02/04/10--01005--027 \*\*158.75