

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P06000029762

1. Corporation Name

Construct It Corp

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

478 E Altamonte Dr

3. Mailing Office Address

478 E Altamonte Dr

Suite, Apt. #, etc

Suite 108-305

Suite, Apt. #, etc

Suite 108-305

City & State

Altamonte Springs FL

City & State

Altamonte Springs FL

Zip

32701

Country

Zip

32701

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2-28-2006

5. FET Number

20-4710281

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Roy Edward Bynum

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

404 Ipswich St

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32701

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

REGISTERED AGENT MUST SIGN

Date

7-16-2019

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
p	Roy Bynum	478 E Altamonte Dr Suite 108-305	Altamonte Springs FL 32701

REINSTATEMENT

2011-2019

10. E-mail Address: roybynum4343@yahoo.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-16-2019

Daytime Phone #