PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 21 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000003101

1. Corporation Name

FULCO CONSTRUCTION, INC.

500163833205
12/21/09--01053--012 **800.00

REINSTATEMENT 08-09

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4606 19TH AVE. WEST	4606 19TH AVE. WEST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRADENTON, FL	City & State: BRADENTON, FL
Zip: 34209 Country: USA	Zip: 34209 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/01/2007

5. FEI Number: 20-8206906 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: EARL J FULTZ

Street Address (P.O. Box Number is Not Acceptable): 4606 19TH AVE. WEST

Suite, Apt. #, Etc.

City: BRADENTON State: FL Zip Code: 34209

☑ 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.

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.

X Signature of Registered Agent: [signature] X Date 12-16-2009

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	EARL J FULTZ	4606 19TH AVE. WEST	BRADENTON, FL 34209
VP	DEBORAH R FULTZ	4606 19TH AVE. WEST	BRADENTON, FL 34209

$ 12/21

10 E-mail Address: FULTZ2004@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., 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: [signature] 12-16-2009 941-201-4611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #