

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 25 PM 1:29

DOCUMENT # **P21158**

1. Corporation Name

CONSTRUCTION CONTROL SERVICES CORPORATION

W01-13759

Principal Place of Business

1444 BISCAYNE BLVD.
SUITE 220
MIAMI FL 33132

Mailing Address

115 W. MAIN STREET
DURHAM NC 27701



REINSTATEMENT 97-01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1221 Brickell Avenue

Suite, Apt. #, etc.

Suite 923

City & State

Miami, FL

Zip

33131

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/1988

5. FEI Number

95-3654998

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	ROHADFOX, RONALD O.	115 W. MAIN STREET	DURHAM NC 27701
D	BRYANT, CECIL	115 W. MAIN STREET	DURHAM NC 27701
D	DUKES, WALTER	115 W. MAIN STREET	DURHAM NC 27701
D	LEE VALERIA	115 W MAIN ST	DURHAM NC 27701

8. Name and Address of Current Registered Agent

JONES, ROBIN A
1444 BISCAYNE BLVD.
SUITE 220
MIAMI FL 33132

9. Name and Address of New Registered Agent

Name

Roderick E. Rohadfox

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

1221 Brickell Avenue

Suite, Apt. #, Etc.

Suite 923

City

Miami

State

FL

Zip Code

33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date **5/21/01**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ronald O. Rohadfox, President

Date

(919) 682-5741

Daytime Phone #

CR2E040 (8/97)