

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR 9697
REINSTATEMENT**



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

DOCUMENT # P92000013893

1. Corporation Name

PRIMAL CONSTRUCTION, INC.

97 JUN 12 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1996-1997 Annual Report

Principal Place of Business

Mailing Address

**5911 Taywood Dr.
Tampa, FL 33624**

**P.O. Box 22023
Tampa, FL 33622-2023**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3158736

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	James P. Andrews	2212 E. 4th Avenue	Tampa, FL 33605

000002216270--5
-06/18/97--01092--013
****165.00 ****165.00
000002216270--5
-06/18/97--01092--014
****200.00 ****200.00

A. Alan
6/12/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DRAKEFORD & DRAKEFORD, P.A.
2212 E. 4th Ave
Tampa, FL 33605**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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

Date

Daytime Phone #

CP2ED40 (1/2/96)



Reply to:

Tampa, FL

June 2, 1996

Ms. Amy Alan
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Primal Construction, Inc. 59-3158736

Dear Ms. Alan:

Please find enclosed a Reinstatement Form and check in the amount of \$200.00 for the reinstatement of Primal Construction, Inc. This a follow up to a phone call to Ms. Trevor on Friday the 29th of May, in the Corporate Division Office.


We are have enclosed a copy of the 1995 Corporation Annual Report and screen print out of a change in address that is not correct.

We have enclosed the 1997 Corporate Annual Report and Check for \$165.00.

Your cooperation and understanding in this matter is greatly appreciated.

If you have any questions, please contact us.

Sincerely,



Howard W. Kratz
Managing Partner

enclosures.