

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000010148

1. Corporation Name

FEWOX CONSTRUCTION CO.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 25 PM 1:42

Principal Place of Business

Mailing Address

~~4006 BAY VILLA~~
~~TAMPA FL 33611~~

~~4006 BAY VILLA~~
~~TAMPA FL 33611~~

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

2. New Principal Office Address, If Applicable

9101 SUN ISLE DR.

3. New Mailing Office Address, If Applicable

Box 21632

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

City & State

ST. PETERSBURG FL

Zip

33702

Country

USA

Zip

33742

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

02/03/1993

5. FEI Number

65-0415370

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$275 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	4 City / State / Zip
DP	FEWOX, JOHN M	4006 BAY VILLA 4006 BAY VILLA	TAMPA FL 33611
D	FEWOX, ROBERT D	180 SUGAR LOAF DRIVE 9101 SUN ISLE DRIVE	TAMPA FL 33611 ST. PETERSBURG FL. 33702
			800003032668--2
			11/02/99--01077--011
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~FEWOX, JOHN M~~ ROBERT FEWOX
~~4006 BAY VILLA~~ 9101 SUN ISLE DR.
~~TAMPA FL 33611~~ ST. PETERSBURG FL.
33702

Name ROBERT FEWOX
Street Address (P.O. Box Number is Not Acceptable) 9101 SUN ISLE DR.
Suite, Apt. #, Etc. ST. PETERSBURG FL
City ST. PETERSBURG State FL Zip Code 33702

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent

Robert D. Fewox
REGISTERED AGENT MUST SIGN

Date

10/15/99

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 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:

Robert D. Fewox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/99

Daytime Phone #

222-247-9040