

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 AUG -13 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 993000010148

1. Corporation Name

FEWOX CONSTRUCTION CO.

600022662156  
08/29/03--01026--021 \*\*450.00

2. Principal Office Address

3924 BAY VIEW AVE

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33611

Country

USA

3. Mailing Office Address

3924 BAY VIEW AVE

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33611

Country

USA

**REINSTATEMENT** 01-03

4. Date Incorporated or Qualified  
To Do Business in Florida

2-3-93

5. FEI Number

65-045370

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

ROBERT D. FEWOX

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

4801 34TH AVE. NORTH

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33713

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

Robert D. Fewox  
REGISTERED AGENT MUST SIGN

Date 8-11-03

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
PRES	ROBERT D. FEWOX	4801 34TH AVE. N	ST. PETERSBURG FL. 33713
VPS	MARK FEWOX	3924 BAY VIEW AVE.	TAMPA FL 33611

10. 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, Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-11-03

Daytime Phone #

407-467-8824