

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



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

00 FEB 10 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000011317

1. Corporation Name

Wiggins Construction Company of North Florida, Inc.

2. Principal Office Address

3780 Creek Hollow Lane

Suite, Apt. #, etc.

City & State

Middleburg, FL

Zip

32068

Country

U.S.A.

3. Mailing Office Address

3780 Creek Hollow Lane

Suite, Apt. #, etc.

City & State

Middleburg, FL

Zip

32068

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

02-08-93

5. FEI Number

59-3172133

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

Joseph B. Wiggins, Sr.

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

3780 Creek Hollow Lane

Suite, Apt. #, Etc.

City

Middleburg,

State

FL

Zip Code

32068

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

Joseph B. Wiggins, Sr.

Date February 8, 2000

Joseph B. Wiggins, Sr. REGISTERED AGENT MUST SIGN

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
D P	Wiggins, Sr., Joseph B.	3780 Creek Hollow Lane	Middleburg, FL 32068

REINSTATEMENT 99-2000
J.B. Wiggins
2-10-00

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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:

Joseph B. Wiggins, Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph B. Wiggins, Sr.

February 8, 2000

Date

(904) 613-9832

Daytime Phone #