

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

98 OCT 23 AM 11:00

DOCUMENT # **P93000016065**

1. Corporation Name

NEWCO CONSTRUCTION OF AMERICA, INC.
formerly Newco Construction Company

Principal Place of Business

Mailing Address

Mt. Dora, FL 225 East Robinson, Suite 540
17830 Front Street **Orlando, FL 32801**
Mt. Dora, FL 32787

REINSTATEMENT 94-98

SP

If above addresses are incorrect in any way, line through incorrect information and retype correct information.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

3/3/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-31704145

Not Applicable

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
Pres.	William P. Brown	17830 Front Street	Mt. Dora, FL 32787

200002678822-2
-11/03/98-01030-018
*****1350.00 ***1350.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Peter C. Pappas, Esq.

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

225 E. Robinson St.

Suite, Apt. #, Etc.

Suite 540

City

Orlando

State

FL

Zip Code

32801

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 **10/9/98**

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:

William P. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-735-3877

CR2040 (1/98)