

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 17 AM 8:00

DOCUMENT # **293000016065**

**1. Corporation Name**

Newco Construction of America, Inc.

**2. Principal Office Address**

1050 Northfield Ct.

**3. Mailing Office Address**

same

Suite, Apt. #, etc.

Suite 240

Suite, Apt. #, etc.

City & State

Roswell, GA

City & State

Zip

30076

Country

Fulton

Zip

Country

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

03/01/1993

**5. FEI Number**

59-3104145

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

**03-04**  
**MRD**

**7. Name and Address of Current Registered Agent**

Name

Mario A. Garcia, Esq.

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

1 South Orange Avenue

Suite, Apt. #, Etc.

Suite 401

City

Orlando, FL

State

FL

Zip Code

32801

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 09/14/2004

**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
S,T	William P. Brown	17830 Front Street	Mount Dora, FL 32757
P	Charles Daniels	4025 Dodds Grove Lane	Alpharetta, GA 30004
VP	Patrick W. Brown	235 Hedge Row Hollow	Roswell, GA 30076

**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:**

*[Signature]*  
William P. Brown, Secretary

09/14/2004 352-735-3877

Date

Daytime Phone #

CR2E081 (01/04)