

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
REINSTATEMENT
1996



FLORIDA DEPARTMENT OF STATE
Sandra P. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 NOV 21 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000090035 (4)**

1. Corporation Name

FIRST FLORIDA CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

**2401 PGA BLVD
SUITE 155-C
PALM BEACH GARDENS FL 33410**

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SUITE 155-C
PALM BEACH GARDENS FL 33410**

3. Date Incorporated or Qualified 12/12/1984	3a. Date of Last Report 05/01/1995
4. FEI Number 0593351 00001007 6505351	Applied For ☐ Yes ☒ No Not Applicable
5. Certificate of Status Desired ☒ Yes ☐ No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No	\$5.00 May Be Added to Fee
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent COLE, JAMES L III 215 31ST ST WEST PALM BEACH FL 33407	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. Zip Code FL
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11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *James L. Cole III* DATE: 10/24/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating a corporation.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MD SCHARAGA STUART	1.2 NAME	
STREET ADDRESS	200 WELLS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SD COLE, JAMES L III	2.2 NAME	700002015627--2
STREET ADDRESS	215 31ST ST	2.3 STREET ADDRESS	-11/27/96-01030-001
CITY-ST-ZIP	WEST PALM BEACH FL 33407	2.4 CITY-ST-ZIP	***392.50 ***392.50
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PD MICELLI, ANTHONY F	3.2 NAME	
STREET ADDRESS	6844 S PALMETTO CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33437	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	REINSTATEMENT 1996
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	11-21-96
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: *James L. Cole III* DATE: 10/24/96
Signature and typed or printed name of signing officer or director. Daytime Phone # 624-2290