

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 FEB 24 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000092265**

1. Corporation Name

INDEPENDENT HOME CONSTRUCTION, INC.

Principal Place of Business

**690 LONDONDERRY CIRCLE S.E.
PALM BAY FL 32909**

Mailing Address

**690 LONDONDERRY CIRCLE S.E.
PALM BAY FL 32909**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**2038 BLUE HEAD DRIVE
Suite, Apt. #, etc.**

3. New Mailing Office Address, If Applicable

**6005 N. WICKHAM ROAD
Suite, Apt. #, etc.**

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1994

City & State

MELBOURNE, FLORIDA

City & State

MELBOURNE, FLORIDA

Zip

32940

Country

U.S.A.

Zip

32940

Country

5. FEI Number

59-3289018

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PTS	APPLEBY, DONN	690 LONDON BERRY CIRCLE SOUTHEAS	PALM BAY FL
			600002099166--1 -02/26/97--01127--002 ****915.00 ****915.00

REINSTATEMENT 9/10-97

G. Alan
2/24/97

8. Name and Address of Current Registered Agent

**HEALY, PATRICK F
700 S. BABCOCK ST.
SUITE 400
MELBOURNE FL 32901**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Patrick F. Healy

REGISTERED AGENT MUST SIGN

Date **February 20, 1997**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-97 *(407) 544-3771*
Date Daytime Phone #