

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

00 APR 11 AM 7:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000094396

1. Corporation Name

GODWIN &amp; SONS CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

115 CENTRAL STREET  
JASPER FL 32052  
USP.O. BOX 1149  
JASPER FL 32052  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/30/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3295444

Applied For

Not Applicable

City &amp; State

City &amp; State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GODWIN, WILLARD G	P.O. BOX 1149 N/A	JASPER FL 32052
VD	GODWIN, WILLARD	P.O. BOX 1149 N/A	JASPER FL 32052
STD	GODWIN, FAYE A	P.O. BOX 1149 N/A	JASPER FL 32052
PD	GODWIN, WILLIAM G	115 CENTRAL ST - P. O. BOX 1149	JASPER FL 32052
D	GRITZ, SHEILA D	P.O. BOX 1149 N/A	JASPER FL 32052
			000003223980--8 -04/25/00--01108--023 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.  
1406 HAYS STREET  
SUITE 2  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

Kenneth N. Scaff, Jr.

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

215 NE 2nd Street

Suite, Apt. #, Etc.

City

Jasper

State

FL

Zip Code

32052

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 AgentKENNETH N. SCAFF, JR.  
REGISTERED AGENT MUST SIGN

Date

1/6/2000

11. 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

1/6/2000

Date

904-792-1045

Daytime Phone #