

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FQA  
REINSTATEMENT



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

FILED

96 NOV 15 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000024037

1. Corporation Name

DAVID RICE CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

4009 DEWEY DRIVE  
NEW PORT RICHEY FL 34652

4009 DEWEY DRIVE  
NEW PORT RICHEY FL 34652

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

NA

NA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/01/1995

5. FEI Number

593295638

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
DP	RICE, DAVID	4009 DEWEY DRIVE	NEW PORT RICHEY FL 34652
DT	RICE, CYNTHIA	4009 DEWEY DRIVE	NEW PORT RICHEY FL 34652
VP	Lankford, Fred	9402 Barnstead Ln	Newport Richey AL 36452
			700002009857-3
			11/20/96 01073-020
			****375.00 ****375.00
			11-18-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RICE, DAVID  
4009 DEWEY DRIVE  
NEW PORT RICHEY FL 34652

Name

NA

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

9-29-96

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-29-96

(13) 848 3167

Date

Daytime Phone #