

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC -3 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P95000052034

**1. Corporation Name**

CHARLES BOYD CONSTRUCTION, INC.

**2. Principal Office Address**

174 N. Atlantic Avenue

Suite, Apt. #, etc.

City & State

Cocoa Beach, Florida

Zip

32931

Country

USA

**3. Mailing Office Address**

174 N. Atlantic Avenue

Suite, Apt. #, etc.

City & State

Cocoa Beach, Florida

Zip

32931

Country

USA

REINSTATEMENT

12/03/03--01008--024 \*\*750.00

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

07/05/1995

**5. FEI Number**

593326604

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

CHARLES BOYD

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

174 North Atlantic Avenue

Suite, Apt. #, Etc.

City

Cocoa Beach

State

FL

Zip Code

32931

**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

*Charles Boyd*

REGISTERED AGENT MUST SIGN

Date 11-25-2003

**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
P/D	Charles Boyd	174 N. Atlantic Avenue	Cocoa Beach, FL 32931

**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:

*Charles Boyd*

Charles Boyd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/03

Date

321-868-7725

Daytime Phone #

CR2E081 (10/02)