

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
96 NOV -8 PM 2: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 150000064164

1. Corporation Name

FLORIDA CENTRAL LATH, PLASTER & DRYWALL, INC.

Principal Place of Business

Mailing Address

1990 WEST NEW HAVEN AVE
SUITE 105
MELBOURNE, FL 32904

P.O. BOX 1864
MELBOURNE, FL 32901

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 Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

8/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3341737

Not Applicable

Zip

Country

Zip

Country

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
P	EDITH A. STEVENS MENZEL	238 CINNAMON LAKE CIR	MELBOURNE, FL 32901
VP	DAVID STEVENS	2705 COZUMEL DR	MELBOURNE, FL 32935
TS	ROBERT W. MENZEL	238 CINNAMON LAKE CIR	MELBOURNE, FL 32901

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, Etc.

City

300002002983--S
-11/13/96--01115--001
***375.00
FL ***375.00

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

REGISTERED AGENT MUST SIGN

Date

November 11, 1996

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 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 re-
lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all
fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made
under oath.

EDITH A. STEVENS MENZEL

SIGNATURE:

Edith A. Stevens Menzel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/11/96 407-676-4258
Daytime Phone