

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAY 21 PM 2: 06

DOCUMENT # P95000066741

1. Corporation Name

SDS CONSTRUCTION CO.

Principal Place of Business

Mailing Address

27110 SW 121 CT  
HOMESTEAD FL 33032

27110 SW 121 CT  
HOMESTEAD FL 33032

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/29/1995 SP

5. FEI Number

65-0603861

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 3	City / State / Zip 4
P	FOSTER, DONOVAN	27110 SW 121 CT	HOMESTEAD FL 33032
			0000004432850--8
			06/20/01 01083 028
			***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NOVAR, JOHN

2121 PONCE DE LEON BLVD. 130.55 SW 83 Ave  
CORAL GABLES FL 33134 Pinecrest, FL 33156

Name

DON Foster

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

27110 SW 121 CT

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33032

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 5-2-01

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-01

Date

305 710 7228

Daytime Phone #

CR2E040 (8/99)