P95000069039

# TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Sea Coast Erectors Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

| [ ] $70.00 | [ ] $78.75 | [X] $122.50 | [ ] $131.25 |
|---|---|---|---|
| Filing Fee | Filing Fee & Certificate | Filing Fee & Certified Copy | Filing Fee, Certified Copy & Certificate |

FROM: Sea Coast Erectors Inc.
Name (printed or typed)

510 Cedar Bay Rd.
Address

Jax Fl. 32218
City, State & Zip

904-751-4511
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

SAD 9/7/95

# ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

## ARTICLE I NAME

The name of the corporation shall be:

Sea Coast ERECTORS INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

510 Cedar BAY Road
JAX. Fl. 32218

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

7,500 DC.

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Carolina I Caldwell
13201 Boney Road
JAX Fl. 32226

## ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Joseph Ronald Yates — President
4835 Chick Pea St.
Middle burg Fl. 32068

Mike Fraygney — Treasurer
2355 Dunn Ave
Jax Fl. 32218

Carolina L Caldwell — Sec.
13201 Boney Road
Jax Fl 32226

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20 day of MAY, 19 95.

Joseph R. Yates — Pres.
Signature

Carolina L. Caldwell — Sec
Signature

Mike Fraygney — Trea
Signature

**Articles of Incorporation**
**Filing Fee - $35**

# CERTIFICATE OF DESIGNATION OF

# REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: SeaCoast Erectors Inc.

2. The name and address of the registered agent and office is:

Carolina I Caldwell
(Name)

13201 Boney Road
(P.O. Box not acceptable)

Jax Fl. 32226
(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Carolina I. Caldwell
(Signature)

August 30, 1995
(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

1996 DEC 31 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P95000069039

1. Corporation Name

**SEA COAST ERECTORS INC.**

Principal Place of Business
510 CEDAR BAY RD.
JACKSONVILLE FL 32218

Mailing Address
510 CEDAR BAY RD.
JACKSONVILLE FL 32218

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business In Florida: 09/05/1995

5. FEI Number: 59-3019239 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] [redacted]

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 (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---|---|---|---|
| P | YATES, JOSEPH R | 4855 CHICK PEA CT. | MIDDLEBURG FL 32068 |
| T | FREYGANG, MIKE | 2355 DUNN AVE. | JACKSONVILLE FL 32218 |
| S | CALDWELL, CAROLINA I | 13201 BONEY RD. | JACKSONVILLE FL 32226 |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 96 12/31/96

8. Name and Address of Current Registered Agent
CALDWELL, CAROLINA I
13201 BONEY RD.
JACKSONVILLE FL 32226

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State | Zip Code

700002046147--4
-01/03/97--01183--022
****383.75

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: Carolina I. Caldwell — Date
REGISTERED AGENT MUST SIGN

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: Carolina I Caldwell — 12/31/96 — 904-751-0261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7-96)

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