



## 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  
4855 Chick Pea St.  
Middleburg Fl. 32068

President

Mike Fraymung  
2355 Dunn Ave  
Sax Fl. 32218

Treasurer

Carolina Caldwell  
13201 Boney Road  
Sax Fl 32226

Sec.

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

20 day of MAY, 1995.

Joseph R. Yates Signature Pres.  
Carolina d. Caldwell Signature Sec  
Mike Fraymung Signature Tres

**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 32224  
(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)

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

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/05/1995

State, Apt. #, etc.

State, Apt. #, etc.

5. FEI Number

59-3019239

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

For Assistance Please Contact  
Tallahassee, Florida

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	YATES, JOSEPH R	4855 CHICK PEA CT.	MIDDLEBURG FL 32088
T	FREYGANG, MIKE	2355 DUNN AVE.	JACKSONVILLE FL 32218
S	CALDWELL, CAROLINA I	13201 BONEY RD.	JACKSONVILLE FL 32228

REINSTATEMENT *alred 12/31/96*

8. Name and Address of Current Registered Agent

CALDWELL, CAROLINA I  
13201 BONEY RD.  
JACKSONVILLE FL 32228

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc. 700002046147--4  
City -01/03/97-01183-022  
\*\*\*383- State Zip Code  
FL \*\*\*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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/96  
Date

904-751-0261  
Daytime Phone #