

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

FORMED
AND
FILED

1996 DEC 31 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3019239	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>Additional Fee required for a Certificate of Status</small>	

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	4655 CHICK PEA ST.	MIDDLEBURG FL 32068
T	FREYGANG, MIKE	2355 DUNN AVE.	JACKSONVILLE FL 32218
S	CALDWELL, CAROLINA I	13201 BONEY RD.	JACKSONVILLE FL 32226

REINSTATEMENT

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.	700002046147--4
City	FL 32226

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

REGISTERED AGENT MUST SIGN

Date

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)(l), 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 #