

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 22 AM 11:08

DOCUMENT # P96000006581

1. Corporation Name  
Putnam Construction, Inc.

2. Principal Office Address  
863 South Patrick Dr.

Suite, Apt. #, etc.

City & State  
Satellite Beach, FL

Zip  
32937

Country  
usa

3. Mailing Office Address  
same

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 04-05**

4. Date Incorporated or Qualified  
To Do Business in Florida 1/22/96

5. FEI Number  
593354092

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Paul David Putnam Jr.

Street Address (P.O. Box Number is Not Acceptable)  
863 South Patrick Dr.

Suite, Apt. #, Etc.

City  
Satellite Beach

State Zip Code  
FL 32937

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Paul David Putnam	863 South Patrick Dr.	Satellite Beach, FL. 32937

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

3-23-05

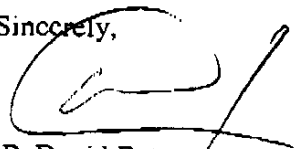
To: Division of Corporations

From: Putnam Construction, Inc.  
P. David Putnam Jr.  
863 South Patrick Drive  
Satellite Beach, Florida 32937

To whom it may concern:

I, P. David Putnam, did not receive the annual report ~~form~~ for the 2004 & 2005 period. Please wave the reinstatement penalty ~~fee~~ and accept the funds provided in order to reinstate my corporation and ~~make~~ it active.

Sincerely,

A handwritten signature in black ink, appearing to be 'P. David Putnam', written over a horizontal line.

P. David Putnam