

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
DIVISION OF CORPORATIONS

01 MAY -8 PM 5:47

DOCUMENT # P96000022652

1. Corporation Name

MANAGEMENT CONSTRUCTION, INC.

Principal Place of Business

3014 SOUTH OLIVE AVENUE
WEST PALM BEACH FL 33405

Mailing Address

3014 SOUTH OLIVE AVENUE
WEST PALM BEACH FL 33405



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

REINSTATEMENT

99-01

2. New Principal Office Address, If Applicable

2001 Broadway
Suite, Apt. #, etc.
500

3. New Mailing Office Address, If Applicable

2001 Broadway
Suite, Apt. #, etc.
500

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/1996

5. FEI Number

NOT APPLICABLE

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	CAREY, MICHAEL	3014 SOUTH OLIVE AVENUE 2001 Broadway #500	WEST PALM BEACH FL 33405 Riviera Beach, FL 33401

700004316217-4
-05/24/01 --01097--042
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

CAREY, MICHAEL
3014 S OLIVE AVE 2001 Broadway #500
WEST PALM BEACH FL 33405
Riviera Beach, FL 33401

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Michael Carey
REGISTERED AGENT MUST SIGN

Date

5-3-01
11-11-99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/99)