

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 JAN 23 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000033783

1. Corporation Name
FUGLEBERG KOCH CONSTRUCTION MANAGEMENT, INC.

Principal Place of Business
2555 TEMPLE TRAIL, SUITE 102
WINTER PARK FL 32789

Mailing Address
2555 TEMPLE TRAIL, SUITE 102
WINTER PARK FL 32789

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

04/18/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59 - 3375231

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

| 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 |
|---------------|---|--|-------------------------|
| D | KOCH, ROBERT A | 2555 TEMPLE TRAIL, SUITE 102 | WINTER PARK FL 32789 |
| D | FUGLEBERG, LYLE P | 2555 TEMPLE TRAIL, SUITE 102 | WINTER PARK FL 32789 |
| D | NIEBLING, RICHARD L | 19 BAY HARBOR RD | TEQUESTA FL 33469 |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 97-98

A. Alan
Jan. 23/1998

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOCH, ROBERT A
2555 TEMPLE TRAIL, SUITE 102
WINTER PARK FL 32789

Name

900002415179--8

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

01/28/98--01103--007

Suite, Apt. #, Etc.

***150.00 ***150.00

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date: 01/28/98--01103--008

***750.00 ***750.00

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/97)