

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000041563**

1. Corporation Name

**MODERN CONSTRUCTION SYSTEMS, INC.**

Principal Place of Business

Mailing Address

153 E 2ND ST  
APOPKA FL 32703  
US

153 E 2ND ST  
APOPKA FL 32703  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/08/1996

5. FEI Number

59-3438059

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ADAMS, GARY P	2204 E. VOTAW ROAD	APOPKA FL 32703
ST	ADAMS, JOAN A	2204 E. VOTAW ROAD	APOPKA FL 32703

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ADAMS, GARY P  
153 E SECOND ST  
APOPKA FL 32703

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/15/03

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03

Daytime Phone #

**Modern Construction Systems, Inc.**

Phone (407) 880-3000 Fax (407) 880-4823

Date: October 15, 2003

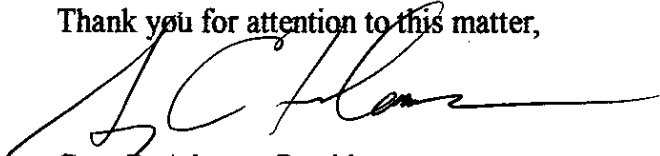
To: Florida Department of State – Division of Corporations

Re: UBR Form

Please find attached the application for reinstatement to active status, and the filing fee for the same.

Additionally please be advised that we did not receive the two prior uniform business report notices.

Thank you for attention to this matter,



Gary P. Adams - President