

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000047217

1. Corporation Name

ISAAC M. GARVIN CONSTRUCTION, INC.

FILED

04 NOV 30 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

824 HOLLY ST.
1000
ALTAMONTE SPRINGS FL 32701

Mailing Address

824 HOLLY ST.
1000
ALTAMONTE SPRINGS FL 32701

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

2. New Principal Office Address, If Applicable

417 MAGNOLIA STREET
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

417 MAGNOLIA STREET
Suite, Apt. #, etc.

City & State

Altamonte Springs
32701 Seminole

City & State

Altamonte Springs
32701 Seminole



REINSTATEMENT 01-04

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1996

5. FEI Number

59-3387082

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	GARVIN, ISAAC M	1347 BLACK WILLOW TR. 126 HATTWAY DRIVE	ALTAMONTE SPRINGS FL 32714 32201
			100043220371 12/06/04--01068--017 **1200.00
			100043220371 12/06/04--01068--018 **8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARVIN, ISAAC M
126 HATTWAY DRIVE
ALTAMONTE SPRINGS FL 32701

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

REGISTERED AGENT MUST SIGN

Date

11/29/04

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:

ISAAC M GARVIN

Date

11/29/04

Daytime Phone #

CR2E040 (8/01)



FILED

04 NOV 30 AM 10:17

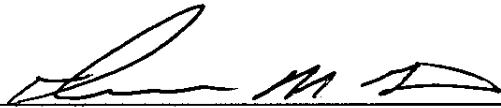
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

417 Magnolia Street, Altamonte Springs - Florida 32701

POWER OF ATTORNEY

Date: _____

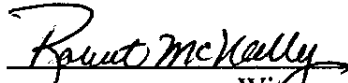
I, Isaac Garvin, give Power of Attorney to: Melissa Eusepi, to be my lawful attorney-in-fact to act for me in applying for a Reinstatement of Corporation in the State of Florida:



Signature



Witness



Witness

Sworn to and subscribed before me this 29 day of November, 2004.

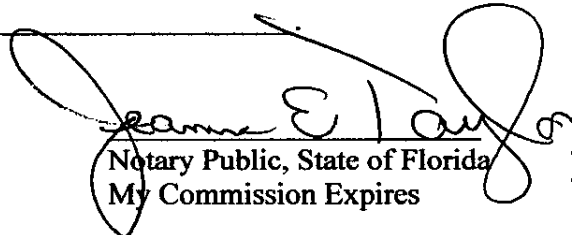
By: ISAAC GARVIN

XX Personally know to me.

Produced as Identification _____

State: Florida

County: Seminole


Notary Public, State of Florida
My Commission Expires

