

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 28 AM 11:20

with
10/29

DOCUMENT # **P96000079482**

1. Corporation Name

**DANIEL O'CONNELL CONSTRUCTION & DEVELOPMENT, IN
C.**

Principal Place of Business

~~209 NW 3RD ST~~
BOYNTON BEACH FL 33435

Mailing Address

~~209 NW 3RD ST~~
BOYNTON BEACH FL 33435



REINSTATEMENT **99**

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

09/20/1996

Suite, Apt. #, etc.

215 N.W. THIRD STREET

Suite, Apt. #, etc.

215 N.W. THIRD STREET

5. FEI Number

65-0701375

Applied For

Not Applicable

City & State

BOYNTON BEACH, FL 33435

City & State

BOYNTON BEACH, FL 33435

Zip

33435

Country

USA

Zip

33435

Country

USA

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
PRES.	DANIEL J. O'CONNELL	203 N.W. THIRD STREET	BOYNTON BEACH, FL 33435

3000002338023--8
-11/04/97--01082--015
******750.00 ****750.00**

8. Name and Address of Current Registered Agent

SCHROEDER, NORMAN L II
6801 LAKE WORTH RD
SUITE 120
LAKE WORTH FL 33467

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

Norman L. Schroeder II

Date

10/27/97

REGISTERED AGENT MUST SIGN

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

OCT. 27, 1997 (561) 738-7738

Date

Daytime Phone #

CP2E040 (09/97)