

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **2000 UBR** FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 NOV -2 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000044056**

1. Corporation Name

**NATIONWIDE CONSTRUCTION, INC.**

Principal Place of Business

Mailing Address

**331 E. 5TH STREET CHULUOTA FL 32766** **1140 Bob White Tr Chulucota, FL 32766**  
**331 E. 5TH STREET CHULUOTA FL 32766** **P.O. Box 660086 Chulucota, FL 32766**

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

**05/12/1997**

5. FEI Number

**59-3451603**

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
D	BARNCORD, DENNIS K JR.	P.O. Box 660086	CHULUOTA FL 32766
D	BARNCORD, CAMILLA	P.O. Box 660086	CHULUOTA FL 32766

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BARNCORD, DENNIS K JR.**  
**331 E. 5TH STREET CHULUOTA FL 32766** **114 7th Street Chulucota, FL 32766**

Name

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

Suite, Apt. #, Etc.

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 Section 607.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**  
**REGISTERED AGENT MUST SIGN**

Date **10-13-00**

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

Daytime Phone #

**Camilla Barncord** **10-13-00** **407-971-7136**

2017  
997-44056

**NATIONWIDE  
CONSTRUCTION, INC.**  
P.O. Box 660086, CHULUOTA, FL 32766  
FAX: (407) 359-3653 PHONE: (407) 971-7136

October 13, 2000

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs:

We were unable to renew our corporation at the appropriate time because we never received the notice. The address the form went to was 331 East 5th St. Chuluota, FL 32766 and we have not had that address for 2 years. Please see were we have made our address change on the application for reinstatement to P.O. Box 660086, Chuluota, FL 32766.

Thank you.

Sincerely,

*Camilla Barncord*

Camilla Barncord