

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
99 AR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 19 PM 2:33

DOCUMENT # **P97000048661**

1. Corporation Name

BOVA CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

**301 NORTH FLAGLER AVE
FLAGLER BEACH FL 32136**

**PO BOX 668
FLAGLER BEACH FL 32136**

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

06/03/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3456268

Not Applicable

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	4 City / State / Zip
P	BOBACK, JOHN E	301 NORTH FLAGLER AVE	FLAGLER FLAGLER BEACH FL 32136
V/S	BATH , RONALD VATH	301 NORTH FLAGLER AVE	FLAGLER BEACH FL 32136 FLAGLER

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**VATH, RONALD
301 NORTH FLAGLER AVE
FLAGLER BEACH FL 32136
FLAGLER**

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

Ronald Vath
REGISTERED AGENT MUST SIGN

Date

10/14/99

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:

RONALD VATH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/99

Daytime Phone #

CR20040 (8/99)

10,14, 99

Florida Department of State

re: Bova Construction Reinstatement

Per instruction from your office, I have completed this form and forwarded back to you. Our Fee was paid but we received this notice. I was instructed to send back with this explanation.

I have made a correction on the spelling of one name.

Thank you,

Ronald Vath



incorp