PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris **FOR** FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 NOV - 1 PM 5: 37 DOCUMENT #P370000 79788 SECRETARY OF STATE
TALLAHASSEE, PLORIDA CONSTRUCTION CORP. Principal Place of Business Mailing Address SAMC. 3684 VICTORIA DR REINSTATEMENTQWEST PALM BEACH 33406 If above addresses are incorrect in any way, line through incorrect information and enter correction belo 2 New Fincipal Office Address, If Applicable 3684 VICTORIA DR. Suite, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida 3. New Mailing Office Address, If Applicable 3ep 15/97 Suite Apt #, etc. 5. FEI Number Applied For City & State City & State 65-078199 Not Applicable WEST PAUM BEACH \$8.75. Additional Fee require ^{Z+0}33 406 Zio Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip JOSEPH L. MURRAY. 3684 VICTORIA DR West PALM DEACH P 33406 TL 33406 3684 VICTORIA PL 33406 WIST PALM BEACH CHERRYL M. MURRAY. DR 33406 ---756960600007 201-01010--928 ****908.75 ****908.75 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent MR: Joseph L. MURRAY 1055PH MURDAY VICTORID DR 3684 VICTORIA De Suite, Apt. #, PALM BRACH Ry ST PALM BEACH 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 11. This corporation owes the current year (See other side for information on intangible tax.) Yes 🗹 No 🗖 Intangible Personal Property Tax due June 30. 12. Learlify 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 filling 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 cath. 305. 322-349 SIGNATURE: