

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P 970000 80204

1. Corporation Name

NAVARRE CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

6225 McKOWN RD.  
SARASOTA, FL 34240

SAME

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.

SAME

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1997

5. FEI Number

65-084317

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

98-99

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	ROBERT NAVARRE	6225 McKOWN RD.	SARASOTA, FL 34240
SECY.	JORGE RAMOS	4936 LAS VEGAS DR.	SARASOTA, FL 34233
V-PRES	BARRON YARBOROUGH	175 B GOLF CLUB RD	VENICE, FL 34293

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-08/31/99--01069--022  
\*\*\*908.75 \*\*\*908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GENESSEE HIXON  
3901 BAYVIEW VISTA SR #607  
SARASOTA, FL 34232

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

Genessee Hixon

REGISTERED AGENT MUST SIGN

Date 8-23-99

11. This corporation owes 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:

Robert Navarre  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/99  
Date

(941)

374-0475  
Daytime Phone #

CR2001 (12/98)