

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 MAY 10 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 097000107921

1. Corporation Name

Charles Whitley Construction, Inc.

2. Principal Office Address

150 Wilson Ave.

Suite, Apt. #, etc.

City & State

Cocoa, Fl.

Zip

32922

Country

USA

3. Mailing Office Address

P.O. Box 541635

Suite, Apt. #, etc.

City & State

Merritt Island, Fl.

Zip

32954

Country

USA

**REINSTATEMENT**

09-18

4. Date Incorporated or Qualified  
To Do Business in Florida

1998

5. FEI Number

59-3486685

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Jimmy Mounger

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

1720 AUGUSTINE DR.

Suite, Apt. #, Etc.

City

TITUSVILLE

State

FL

Zip Code

32796

500003273315-1

-06/01/00--01049--013

\*\*\*900.00 \*\*\*900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 9 May, 2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Charles Whitley	P.O. Box 541635	Merritt Island, Fl. 32954
Sec-Trea	Jimmy Mounger	1720 Augustine Dr.	Titusville, Fl. 32796

10. 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.

**KE**

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-2000

Date

321-452-0044

Daytime Phone #