

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 JUL -9 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000008905**

1. Corporation Name

DICK TRAVIS CONSTRUCTION, INC.

Principal Place of Business

**1341 TANGERINE DRIVE
JACKSONVILLE FL 32259**

Mailing Address

**1341 TANGERINE DRIVE
JACKSONVILLE FL 32259**

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

01/28/1998

5. FEI Number

59-3490599

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

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
DPST	TRAVIS, DICK	3000 SUNBEAM ROAD 1341 Tangerine Drive	JACKSONVILLE FL 32227 Jacksonville, FL 32259
			9800006360289-1 -07/12/02--01059--020 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

**SANDS, J. KEITH M ESQ.
1551 ATLANTIC BLVD., SUITE 200
JACKSONVILLE FL 32207**

9. Name and Address of New Registered Agent

Name

Robert B. Persons, Jr., Esq.

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

2215 South Third Street, Ste. 101

Suite, Apt. #, Etc.

Ste. 101

City

Jacksonville Beach, FL

State

FL

Zip Code

32250

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]

REGISTERED AGENT MUST SIGN

Date

4/23/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 (904) 230-2193

Date

Daytime Phone #