

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 NOV -2 PM 5:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PC0000018357**

1. Corporation Name
Darrick Fullwood Building Contractors INC.

2. Principal Office Address

11015 Wingate Dr

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33624

Country

U.S. A.

3. Mailing Office Address

P.O. BOX 272936

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33688-2936

Country

U.S. A.

4. Date Incorporated or Qualified
To Do Business in Florida

Oct 1997

5. FEI Number

59-3474376

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 07

7. Name and Address of Current Registered Agent

Name

Darrick Fullwood

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

11015 WINGATE DR

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33624

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

Darrick Fullwood

REGISTERED AGENT MUST SIGN

Date **10/1/01**

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. | Darrick Fullwood, President | 11015 Wingate Dr. | Tampa, FL 33624 |
| Sec. | David Fulse | 3723 E. Northbay St. | Tampa, FL 33610 |
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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)(l), 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:

Darrick Fullwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/01

Date

(813) 908-2050

Daytime Phone #

CR2001 (8/00)