

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC -1 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000036495**

1. Corporation Name

PENTACON CONTRACTING INC.

2. Principal Office Address

1800 THE GREENS WAY

Suite, Apt. #, etc.

1006

City & State

JACKSONVILLE BEACH

Zip

32250

Country

DUAL

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

4-20-98

5. FEI Number

59-3504410

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

LAWRENCE WAYNE SULLIVAN

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

1800 THE GREENS WAY

Suite, Apt. #, Etc.

1006

City

JACKSONVILLE BEACH

State

FL

Zip Code

32250

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

Lawrence Wayne Sullivan
REGISTERED AGENT MUST SIGN

Date **1 DEC 06**

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
PRESIDENT	LAWRENCE WAYNE SULLIVAN	1800 THE GREENS WAY #1006 JACKSONVILLE BEACH FL 32250	JACKSONVILLE BEACH FL 32250

200082327692
12/06/06--01052--016 **509.75

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 contained in Chapter 119, 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

Lawrence Wayne Sullivan

1 DEC 2006 904 553 8090


Date Daytime Phone #

K. Eckel DEC 01 2006

DEC 1, 2006

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I DID NOT RECEIVE ANNUAL REPORT
INFORMATION FOR YEAR 2003 DUE
TO RELOCATION TO NEW ADDRESS


LAWRENCE W. SULLIVAN.

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