

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

00 NOV 29 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **098-80949**

1. Corporation Name

Vickers General Contractor, Inc

2. Principal Office Address

2014 Perry Place

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32207

Country

Duval

3. Mailing Office Address

PO Box 5459

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32247

Country

Duval

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

3-11-99

5. FEI Number

59-3540947

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

David W. Vickers

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

2014 Perry Place

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32207

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 **11-29-00**

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

P David W. Vickers

2014 Perry Place

Jacksonville FL 32207

VPD Stephanie L. Vickers

2014 Perry Place

Jacksonville FL 32207

REINSTATEMENT

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.

SIGNATURE:

[Signature] Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-29-00 904-591-9100

Date

Daytime Phone #

CR2E081 (9/99)