

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 13 PM 12:34

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P98000080949*

1. Corporation Name

Vickers General Contractor, Inc.

2. Principal Office Address

3107 Spring Glen Rd.

Suite, Apt. #, etc.

203

City & State

Jacksonville, FL

Zip

32207

Country

USA

3. Mailing Office Address

PO Box 5459

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32247

Country

USA

REINSTATEMENT

CR2E081 (12/05)

06

4. Date Incorporated or Qualified
To Do Business in Florida

9/14/98

5. FEI Number

300079821

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)

3107 Spring Glen Rd

Suite, Apt. #, Etc.

203

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

03/09/06

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
Pres.	<i>David W. Vickers</i>	<i>3107 Spring Glen Rd #203</i>	<i>Jacksonville, FL 32207</i>
T	<i>David W. Vickers</i>	<i>3107 Spring Glen Rd #203</i>	<i>Jacksonville, FL 32207</i>
S	<i>David W. Vickers</i>	<i>3107 Spring Glen Rd #203</i>	<i>Jacksonville, FL 32207</i>

500069054705
03/30/06--01044--021 **150.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/06

Date

904861-4459

Daytime Phone #

03/09/2006

Vickers General Contractor, Inc.
3107 Spring Glen Road Suite 203
Jacksonville, FL 32207
904-861-4459

Department of State
Division of corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Examiner

Per our conversation on March 8th I wish to reinstate Vickers General Contractor, Inc. Doc# P98000080949 in which I never received any correspondence stating any problem with the address of the registered agent. Please accept my \$150.00 check for Annual Report Fee and please wave the reinstatement fee per our conversation.

Sincerely

A handwritten signature in black ink, appearing to read 'D. W. Vickers', with a stylized flourish at the end.

David W. Vickers
Vickers General Contractor, Inc.
904-861-4459