

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000104121

1. Corporation Name

R C COLE CONSTRUCTION, INC.

Principal Place of Business

680 WEST INDUSTRIAL AVENUE
#4
BOYNTON BEACH FL 33426

Mailing Address

P O BOX 244254
BOYNTON BEACH FL 33424-4254
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1998

5. FEI Number

74-2901651

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	COLE, ROBERT C	2769 SW B STREET	BOYNTON BEACH FL 33435
VTD	YOHE, MARK D	P O BOX 244254	BOYNTON BEACH FL 33424

8. Name and Address of Current Registered Agent

YOHE, MARK D
680 WEST INDUSTRIAL AVENUE
#4
BOYNTON BEACH FL 33426

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Mark D. Yohe
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/26/02

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:

Mark D. Yohe
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/26/02 (561) 738-2695

CR2E040 (8/02)

R C Cole Construction, Inc.
PO Box 244254
Boynton Bch FL 33424-4254

FL Dept of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314-6327

Customer Service,

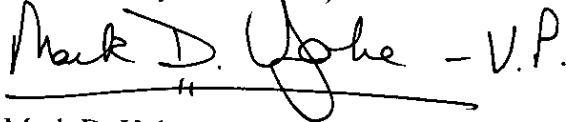
October 26, 2002

Reference: P98000104121

Today I received a Notice of Administrative Dissolution or Revocation from your office. I had not received the two prior Uniform Business Report notices. I have reviewed the information showing on this application for reinstatement, and it does correctly list both our business & mailing addresses. I do not know why we never received the prior notices, I understand how important it is to promptly complete and pay this annual fee.

Per your instructions, I am requesting the waiver of the reinstatement fee. Enclosed please find our signed form & a check for \$150.00

Respectfully Submitted,

 - V.P.

Mark D. Yohe - Vice President & Treasurer, *R C Cole Construction, Inc.*