

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 APR 20 PM 3: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000106443

1. Corporation Name

TRI-CITY CONSTRUCTION OF POLK, INC.

Principal Place of Business

129 6TH ST. JPV
WINTER HAVEN FL 33880

Mailing Address

129 6TH ST. JPV
WINTER HAVEN FL 33880

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

12/21/1998

5. FEI Number

593562732

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	VOGT, JACQUES B	129 6TH ST. JPV	WINTER HAVEN FL 33880
D	SWAIN, LAURI A	129 6TH ST. JPV	WINTER HAVEN FL 33880
D	VOGT, CYBIL	129 6TH ST. JPV	WINTER HAVEN FL 33880
			000003238770--6 -05/03/00--01150--027 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

VOGT, JACQUES B
129 6TH ST. JPV
WINTER HAVEN FL 33880

9. Name and Address of New Registered Agent

Name

Jacques B Vegt

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

129 6th ST J.P.V.

Suite, Apt. #, Etc.

WINTER HAVEN

State

FL

Zip Code

33880

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 4/15/00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941 293 8039

CR2E040 (8/99)