

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **S77450**

1. Corporation Name

FLORIDA CONSTRUCTION PARTS, INC.

Principal Place of Business

Mailing Address

4813 TYSON STREET
TAMPA FL 33611
US

P.O. BOX 13785
TAMPA FL 33681-3785

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4813 W. TYSON ST.

TAMPA FLORIDA

33611

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/1991

5. FEI Number

59-3083758

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PS	ANDERSON, JEFFREY	4813 W TYSON ST	TAMPA FL 33611
	JENNINGS, JEFFREY R.	209 THISTLEWOOD CIRCLE	LONGWOOD FL 32779

800004672788-1
-11/08/01--01061--008
****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDERSON, JEFF
4813 W TYSON ST
TAMPA FL 33611

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Jeffrey Anderson
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/19/01

11. I certify that I am an officer or director of 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:

Jeffrey Anderson
SIGNATURE REQUIRED
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/19/01

813-831-7947

FILED

01 OCT 22 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/01)

282

FCP

FLORIDA CONSTRUCTION PARTS, INC.

Oct 19, 2001

Dear Sirs:

Please find enclosed our reinstatement form with the check for \$158.75. The form submitted earlier had letters attached that explained that we never received the original forms due to change of our mailing address. Please accept my reinstatement with the enclosed fee. We have been incorporated since 1991 and have never been late and never been into reinstatement before.

The mailing address which you had on record was our PO Box and we closed that a year ago and the forwarding order expired. We did not realize that we had not filed our forms until we worked with our CPA in June (4/30/01 year end) and he asked about said filing. Please accept our reinstatement with the attached fees!

Best regards,


Jeff Anderson
President

Phone: 813-831-7947