

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V20533

1. Corporation Name

C.E. KOHLMAYER GENERAL CONTRACTOR, INC.

Principal Place of Business

Mailing Address

~~3436 HOLLY LN~~  
PALM BEACH GARDENS FL 33410  
US

2346 HOLLY LN  
PALM BEACH GARDENS FL 33410  
US

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

2. New Principal Office Address, If Applicable

2436 Holly Lane

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

City & State

Palm Beach Gardens FL

City & State

Zip 33410 Country US

Zip Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

03/10/1992

SP

5. FEI Number

65-0398551

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	KOHLMEYER, CLAYTON E.	2346 HOLLY LN	PALM BEACH GARDENS FL

400003022974--D  
-10/22/99--01110--016  
\*\*\*\*\*900.00 \*\*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOHLMEYER, CLAYTON E  
2436 HOLLY LN  
PALM BEACH GARDENS FL 33410

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.

Signature of  
Registered Agent

*Clayton E. Kohlmeier*  
REGISTERED AGENT MUST SIGN

Date 9-10-99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Clayton E. Kohlmeier*

Date

Daytime Phone #

9-10-77 501 694-1214

CR2E040 (9/98)