

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1al2

**CORPORATION
REINSTATEMENT**



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

FILED

02 AUG 21 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V42199**

1. Corporation Name

NEWMAN QUALITY CONSTRUCTION, INC.

000007674260--0
-09/12/02--01005--019
****308.75 ****308.75

2. Principal Office Address

5011 NW 104th AVE

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip

33076 USA

3. Mailing Office Address

5011 NW 104th AVE

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip

33076 USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/3/92

5. FEI Number

65-0345511

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

Terrold F. Newman

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

5011 NW 104th AVE

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33076

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

8/19/02

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.	Terrold F. Newman	5011 NW 104th AVE	Coral Springs FL 33076

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 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

[Signature]

Date

8/19/02 954-341-4034

Daytime Phone #

CR2E081 (9/01)

2dl 2

Newman Quality Construction, Inc.

Building Contractor, Shell Contractor

Licensed & Insured #CBC 051196

5011 NW 104th Avenue
Coral Springs, FL 33076
(954) 341-4034
FAX (954) 341-3357
MOBILE (954) 309-2621

August 19, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Corporation Reinstatement

To Whom It May Concern:

Please be advised that Newman Quality Construction, Inc., moved and did not receive any letters or forms from the state regarding our corporation. Enclosed, please find a check for \$308.75 to reinstate the corporation.

If you have any questions regarding this matter, please feel free to contact me.

Thank You.

Sincerely,



Jerrold F. Newman
jn/mn