

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 FEB -3 PH 1:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V73943

1. Corporation Name

Konrady Construction Company, Inc.

Principal Place of Business

Mailing Address

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3010 S.W. 14th Place #10

3. New Mailing Address, If Applicable

Same

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0364933

Applied For

Not Applicable

City & State

Boynton Beach, FL

City & State

Zip

33426

Country

Palm Beach

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

See Florida Statutes for information regarding this 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
P/D	Thomas K. Konrady	3010 S.W. 14th Place #10	Boynton Beach, FL 33426
			500002077245--0 -02/04/97--01140--012 ***1088.75 ***1085.75
			500002077245--0 -02/04/97--01140--012 ***1088.75 ***1088.75
			REINSTATEMENT

8. Name and Address of Current Registered Agent

J. P. Spillane
12773 W. Forest Hill Boulevard
Suite 217
Wellington, FL 33414

9. Name and Address of New Registered Agent

Name
Thomas K. Konrady
Street Address (P.O. Box Number is Not Acceptable)
3010 S.W. 14th Place
Suite, Apt. #, Etc.
10
City
Boynton Beach
State
FL
Zip Code
33426

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1/31/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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
Thomas K. Konrady, President

1/31/97

Date

(561) 369-3773

Daytime Phone #

CR2E040 (1/2/95)