

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP -5 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***1058.75 ***1058.75

REINSTATEMENT 00-02

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 691221			
1. Corporation Name SIPALA CONSTRUCTION, INC.			
2. Principal Office Address 5851 N.E. 14th ROAD Suite, Apt. #, etc.		3. Mailing Office Address 5851 N.E. 14th ROAD Suite, Apt. #, etc.	
City & State FORT LAUDERDALE, FLORIDA		City & State FORT LAUDERDALE, FLORIDA	
Zip 33334	Country U.S.A.	Zip 33334	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 07/01/1981	
5. FEI Number 59-2105022	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 WILLIAM J. SIPALA		
Street Address (P.O. Box Number is Not Acceptable) 5851 N.E. 14th ROAD		
Suite, Apt. #, Etc.		
City FORT LAUDERDALE, FLORIDA	State FL	Zip Code 33334

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** *William J. Sipala*
REGISTERED AGENT MUST SIGN

Date 09/04/2002

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
P/T/D	WILLIAM J. SIPALA	5851 N.E. 14th ROAD	FORT LAUDERDALE, FL., 33334
V/D	JOSEPH SIPALA	5851 N.E. 14th ROAD	FORT LAUDERDALE, FL., 33334
S/D	DOLORES M. SIPALA	5851 N.E. 14th ROAD	FORT LAUDERDALE, FL., 33334

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:

William J. Sipala
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/04/02 954-771-4512

Date Daytime Phone #

CR2E081 (8/01)

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