

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 21 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **702339**

1. Corporation Name
Florida Gulf Coast Chapter Associated Builders & Contractors, Inc.

AKA

REINSTATEMENT 01-04

2. Principal Office Address 2008 North Himes Ave.		3. Mailing Office Address 2008 North Himes Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33607	Country USA	Zip 33607	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/13/1969	
5. FEI Number 59-1235851	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Steve P. Cona, Jr.		
Street Address (P.O. Box Number is Not Acceptable) 2008 North Himes Ave.		
Suite, Apt. #, Etc.		
City Tampa	State FL	Zip Code 33607

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: *Steve P. Cona Jr.* Date: 04/15/2004

REGISTERED AGENT MUST SIGN

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
D	Lashley, Meg	2300 22nd Street	St. Petersburg, FL 33713
D	Wise, Louis III	737 SW 57th Avenue	Ocala, FL 34474-9315
D	Cacini, James	620 Drew Street	Clearwater, FL 33755
D	Fernandez, Wayne	924 E. Busch Blvd.	Tampa, FL 33612
D	Canto, Frank	4801 59th Ave. North	St. Petersburg, FL 33714-1024
P	Cona, Steve P. Jr.	2008 North Himes Ave.	Tampa, FL 33607

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: *Steve P. Cona Jr.* **STEVE P. CONA, JR.** Date: 04/16/2004 Daytime Phone #: 813-879-8064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)