


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

09 NOV 30 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P07000060651

1. Corporation Name  
**MISIANO CONSTRUCTION & REMODELING INC.**

2. Principal Office Address - No P.O. Box #  
**2908 NORDMAN AVE.**

Suite, Apt. #, etc.

City & State  
**NEW SMYRNA BEACH FL**

Zip Country  
**32108 FLORIDA**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

700163176567 \$153.75  
12/03/09 60039 024- 11/30  
CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
**216-0216209**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**ANTHONY MISIANO, PRESIDENT**

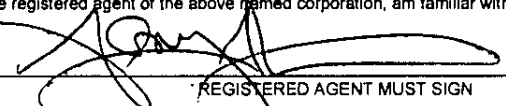
Street Address (P.O. Box Numbers Not Acceptable)  
**2908 NORDMAN AVE.**

Suite, Apt. #, Etc.

City State Zip Code  
**NEW SMYRNA BEACH FL 32108**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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  Date **11/30/09**  
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
PRESIDENT	ANTHONY MISIANO	2908 NORDMAN AVE.	NEW SMYRNA BEACH, FL 32108
VP	SARAH MISIANO	2908 NORDMAN AVE	NSB FL 32108

10. E-mail Address: **TONY@TONYMISIANO.COM**  
(To be used for future annual report notification)

11. 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. I further certify, 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:  Date **11/30/09** 386-765-3204  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #