

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P34571

1. Corporation Name
PODOJIL BUILDERS, INC.

FILED

96 DEC -5 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
10219 BRECKSVILLE ROAD 10219 BRECKSVILLE ROAD
CLEVELAND OH 44141 CLEVELAND OH 44141



REINSTATEMENT *96*

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/05/1991	
City & State		City & State		5. FEI Number	
Zip		Country		34-1266932	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a 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
PD	PODOJIL, CLIFFORD J.	8425 DALEPOINT ROAD	INDEPENDENCE OH
VD	PODOJIL, THOMAS J.	3353 TREELAWN DRIVE	RICHFIELD OH
TD	EDWARD M. PASCHKE	8320 CHESTNUT BLVD.	BRADVIEW HTS OH
VD	PODOJIL, RAMOND P	6319 GREAT OAKS PARKWAY	INDEPENDENCE OH

96
12/05/96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CAPITAL CONNECTION, INC. 417 EAST VIRGINIA STREET, SUITE 1 TALLAHASSEE FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		700002022787--5	
		Suite, Apt. #, Etc.	
		-12/06/96-01101--005	
		***375.00 ***375.00	
		City	
		State	
		FL	
		Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Edward M. Paschke for Capital Connection* Date *12-5-96*
REGISTERED AGENT MUST SIGN

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 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 110.07(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: *Edward M. Paschke* *Edward M. Paschke* Treasurer *12-4-96* *216-526-0600*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR22040 (7/89)