

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -4 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000078247

1. Corporation Name

CASSINO CONSTRUCTION SERVICES, INC.

2. Principal Office Address

6216 WOODLAKE ROAD

Suite, Apt. #, etc.

City & State

JUPITER, FLORIDA

Zip

33458

Country

US

3. Mailing Office Address

6216 WOODLAKE ROAD

Suite, Apt. #, etc.

City & State

JUPITER, FLORIDA

Zip

33458

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/1999

5. FEI Number

65-0947297

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

700029955727
03/05/04--01030--028 **300.00

7. Name and Address of Current Registered Agent

Name

NICHOLAS CASSINO

Street Address (P.O. Box Number is Not Acceptable)

6216 WOODLAKE ROAD

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33458

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

NICHOLAS CASSINO

REGISTERED AGENT MUST SIGN

Date

1-30-2004

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	NICHOLAS CASSINO	6216 WOODLAKE ROAD	JUPITER, FL 33458
S	KRISTINE CASSINO	6216 WOODLAKE ROAD	JUPITER, FL 33458

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:

NICHOLAS CASSINO, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-30-2004 561-741-7046

Daytime Phone #

CP2E081 (8/01)

DATE: 01/28/2004

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: NICHOLAS CASSINO
CASSINO CONSTRUCTION SERVICES, INC.

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS BY
MAIL.

PLEASE FILE OUR REINSTATEMENT.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 561-262-4921

THANKS,



NICHOLAS CASSINO, PRESIDENT
CASSINO CONSTRUCTION SERVICES, INC.