

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


07 MAY -2 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100102360721
05/15/07--01001--019 **1058.75

REINSTATEMENT

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
W07000012443

DOCUMENT # **853047**
1. Corporation Name
Angelo lafrate Construction Company

2. Principal Office Address - No P.O. Box # 26300 Sherwood		3. Mailing Office Address 26300 Sherwood	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Warren, Michigan		City & State Warren, Michigan	
Zip 48091	Country USA	Zip 48091	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **06/02/1982**

5. FEI Number **38-1894432**

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

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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 *Claudia L. Saari* **Claudia L. Saari** Asst Secretary Date **4/30/07**

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
Pres	Angelo E. lafrate	26300 Sherwood	Warren, Mi. 48091
VP	Dominic lafrate	26300 Sherwood	Warren, Mi. 48091
VP	Robert C. Adcock	26300 Sherwood	Warren, Mi. 48091
Treas	Don Bonaventure	26300 Sherwood	Warren, Mi. 48091
Sec	Chris Hamrick	26300 Sherwood	Warren, Mi. 48091

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 contained in Chapter 119, 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: *My General* **My General** Date **4/20/07** Daytime Phone # **906-756-1070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR