


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED
02 JUN 26 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 396356**1. Corporation Name**

Michael Tagarelli Construction, Inc.

REINSTATEMENT 93-02

2. Principal Office Address 2744 Summerdale Dr., N. Suite, Apt. #, etc. Suite 210 City & State Clearwater, FL Zip 33761		3. Mailing Office Address P.O. Box 6101 Suite, Apt. #, etc. City & State Palm Harbor, FL Zip 34684		4. Date Incorporated or Qualified To Do Business in Florida 02/24/72	
				5. FEI Number 59-1451536	
				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 Michael Tagarelli	
Street Address (P.O. Box Number is Not Acceptable) 2744 Summerdale Dr., N.	
Suite, Apt. #, Etc. Suite 210	
City Clearwater	State FL
	Zip Code 33761

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***2108.75 ***2108.75

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


REGISTERED AGENT MUST SIGN

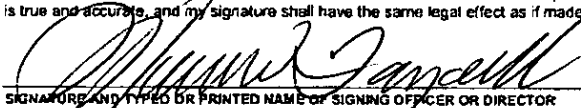
Date

June 25, 2002

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/D	Michael F. Tagarelli	2744 Summerdale Dr. N, #210	Clearwater, FL 33761

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

June 25, 2002

Daytime Phone #

CR2001 (9/01)