

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 SEP 19 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300007900603--4  
-09/20/02--01065--029  
\*\*\*1508.75 \*\*\*1508.75

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

447047

1. Corporation Name

Costis Construction Company, Inc.

2. Principal Office Address

P.O. Box 14055

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33766

Country

USA

3. Mailing Office Address

P.O. Box 14055

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33766

Country

USA

REINSTATEMENT 97-02

4. Date Incorporated or Qualified  
To Do Business in Florida

2-28-74

5. FEI Number

59-1512554

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

George A. Costis

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

2810 Chancery Ln

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33759

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

*George A. Costis*

Date

09/12/02

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
Pr/Is/	George A. Costis	2810 Chancery Lane	Clearwater, FL 33759

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:

*George A. Costis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/12/02 727-741-1938

Date

Daytime Phone #

9/15/02