

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 447214

1. Corporation Name

ROSTEL CONSTRUCTION, INC.

01 OCT 17 AM 11:38

Principal Place of Business

Mailing Address

17559 SR 52
LAND O LAKES FL 34639

PO BOX 5422
P.O. BOX 5422
HUDSON FL 34667
US

17559 SR 52
Land O Lakes FL
34639



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

05-18-01 91577 020 \$150.5

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1539594

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

34639

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PV	ROSTEL, PETER A	17559 SR 52	LAND O LAKES FL 34639
ST	ROSTEL, DEBI L	17559 SR 52	LAND O LAKES FL 34639

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSTEL, PETER A
17559 SR 52
LAND O LAKES FL 34639

Name

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

Suite, Apt. #, Etc.

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

Peter Rostel
REGISTERED AGENT MUST SIGN

Date

10-12-01

11. 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:

Peter Rostel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-12-01 813-996
4777

CR2040 (8/01)

Dear Department of State

I called Department of State on Oct 12, 2001, which is the date I received a Dissolution letter. They informed me that a letter of Correction was sent out and I had 30 days to respond. However the PO Box it was sent to has been closed and I never received the letter. Please waive the reinstatement fee. Thank You
Duke Kostel - Kostel Construction, Inc.