

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 541651

1. Corporation Name

ABRAY CONSTRUCTION, INC.

FILED

01 DEC 24 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

765 DUNBAR AVE.  
OLDSMAR FL 34677  
US

Mailing Address

PO BOX 338  
OLDSMAR FL 34677  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/27/1977

5. FEI Number

59-1751557

Applied For

Not Applicable

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
PD	DAMOTH, MIKE	18638 JIRETZ RD	ODESSA FL
ST	DAMOTH, PATRICIA A	18638 JIRETZ RD	ODESSA FL
VP	NAVICKAS, GUY S	1120 ILLINOIS AVENUE	PALM HARBOR FL

100004765411-5

-01/10/02--01074--014

\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

DAMOTH, MIKE  
18638 JIRETZ RD  
ODESSA FL 33556

9. Name and Address of New Registered Agent

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

Mike Damoth

REGISTERED AGENT MUST SIGN

Date 12-20-01

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.

Patricia A. Damoth

SIGNATURE:

Patricia A. Damoth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-20-01 813-855-4660

Date

Daytime Phone #

CR2E040 (8/01)