

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

97 DEC -1 AM 11:36

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **572422**

1. Corporation Name

**GROSZ-HALES CONSTRUCTION CO., INC.**

Principal Place of Business

9310 N. 16TH ST.  
 TAMPA FL 33612

Mailing Address

9310 N. 16TH ST.  
 TAMPA FL 33612



REINSTATEMENT 97

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suits, Apt. #, etc.		Suite, Apt. #, etc.		05/18/1978	
City & State		City & State		5. FEI Number	
Zip		Country		59-1870010	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VTD	HALES, STEVE J	1202 BLUE ROAD	ODESSA FL 33556
PSD	GROSZ, DAVID	9330 FORREST HILLS DR.	TAMPA FL 33614

000002373490--8  
 -12/16/97--01069--008  
 \*\*\*\*750.00 \*\*\*\*750.00

12/13

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GROSZ, DAVID 9330 FOREST HILLS DRIVE TAMPA FL 33612		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

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: David Gross REGISTERED AGENT MUST SIGN Date: Nov. 25, 97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on Intangible tax.)

12. 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: David Gross SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: Nov. 25, 97  
 Daytime Phone #: 813-971-3184

CR2E040 (8/97)