PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PPROVED FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT 97 DEC - 1 AM 11: 34 DIVISION OF CORPORATIONS DOCUMENT # 572422 SEGRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name **GROSZ-HALES CONSTRUCTION CO., INC.** Principal Place of Business Mailing Address 9310 N. 16TH ST. 9310 N. 16TH ST. **TAMPA FL 33612** TAMPA FL 33612 BEINSTATEMENT 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 Date Incorporated or Qualified To Do Business In Florida 05/18/1978 Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-1870010 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip **VTD** HALES, STEVE J 1202 BLUE ROAD ODESSA FL 33556 PSD GROSZ, DAVID 9330 FORREST HILLS DR. **TAMPA FL 33614** \*\*\*\*750.00 \*\*\*\*750.00 JP 12/3 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent GROSZ, DAVID Street Address (P.O. Box Number Is Not Acceptable) 9330 FOREST HILLS DRIVE **TAMPA FL 33612** Suite, Apt. #, Etc. City State Zip Code 10. I, being appointed the register agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Date Na. 25-97 Signature of Registered Agent REGISTERED AGENT MUST SIGN 11, This corporation owes or has paid the current year (See other side for Information on Intangible tax.) Yes 🗹 Intangible Personal Property tax due June 30. 12. Locality that Lam 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 filling 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

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on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Nov. 25-97 813. 971-31