

2005 FOR PROFIT CORPORATION REINSTATEMENT

10P2

DOCUMENT # 618276

1. Entity Name
SCIOLI BUILDERS, INC.



05 OCT 11 PM 3:49

Principal Place of Business
28240 SW 157TH CT
HOMESTEAD, FL 33033-1240 US

Mailing Address
28240 SW 157TH CT
HOMESTEAD, FL 33033-1240 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

CH2E038 (6/04)

4. FEI Number
59-1965083

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCIOLI, JOSEPH F JR
28240 SW 157TH CT
HOMESTEAD, FL 33033-1240

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
SCIOLI, JOSEPH F JR
28240 SW 157TH CT
HOMESTEAD, FL 330331240 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600060038206
09/28/05--01031--006 **300.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
SCIOLI, JOSEPH F JR
28240 SW 157TH CT
HOMESTEAD, FL 330331240 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600060038206
09/28/05--01031--007 **8.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600060038206
10/18/05--01070--002 **600.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph F. Scioli, Jr.

Date

Daytime Phone #

B. Mitchell

OCT 13 2005

4/26/05

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Joseph F. Scidli, Jr

TO WHOM IT MAY CONCERN:

THIS LETTER IS TO REQUEST THAT LATE FEES BE
WAIVED AS I WAS IN THE HOSPITAL IN
2002, 2003, 2004, AND 2005, DURING VARIOUS
OCCASIONS AND DID NOT EXPECT TO SURVIVE.
I AM NOW HEALTHY AND WOULD LIKE TO
ENGAGE IN BUSINESS AGAIN. THANK YOU
IN ADVANCE FOR HELP IN THIS MATTER.

Sincerely,


Joseph F. Scidli, Jr.

305-796-4115

P.S. - AS OF 10-2002, I AM NO LONGER
LOCATED AT 25400 SW 140 AVE.