

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR -3 AM 11:20

DOCUMENT # 626666

1. Corporation Name

SHRAMKO CONSTRUCTION COMPANY, INC.

2. Principal Office Address

123 Bankers Row

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FLORIDA

Zip 33444

Country USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 88-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

JUNE 19, 1979

5. FEI Number

59-1931089

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANTHONY E. PALMER, ESQ.

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

1451 WEST CYPRESS CREEK ROAD

Suite, Apt. #, Etc.

SUITE 300

City

FORT LAUDERDALE

State
FL

Zip Code
33309

300003164659-0
-03/10/00--01007--015
***2195.00 ***2195.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	LAWRENCE M. SHRAMKO	123 BANKERS ROW	DELRAY BEACH, FL-33444

10. 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: *Lawrence M. Shramko* LAWRENCE M. SHRAMKO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 274-3074

Date

Daytime Phone #

CFR2E081 (9/99)