CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

05 NOV 27 AM 11:53

DOCUMENT #   698433

1. Corporation Name

DEL CONTE CONTRACTING, INC.

REINSTATEMENT
CR2E081 (12/05)   05-06

2. Principal Office Address 9950 S. Ocean Drive	**3.** Mailing Office Address 9950 S. Ocean Drive	
Suite, Apt. #, etc. 305	Suite, Apt. #, etc. 305	**4.** Date Incorporated or Qualified To Do Business in Florida 08/01/1981
City & State Jensen Beach, FL	City & State Jensen Beach, FL	**5.** FEI Number 59 2117152 Applied For / Not Applicable
Zip 34957 Country USA	Zip 34957 Country USA	**6.** CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
Anthony Del Conte

Street Address (P.O. Box Number is Not Acceptable)
9950 S. Ocean Drive

Suite, Apt. #, Etc.
305

City Jensen Beach		State FL	Zip Code 34957

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 _____   Date 11/20/06
REGISTERED AGENT MUST SIGN

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
PSTD	ANTHONY DEL CONTE	9950 S. Ocean Drive	Jensen Beach, FL 34957
			400082085444 11/27/06--01045--024 **1950.00

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 contained in Chapter 119, 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: _____   11/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

B. Mitchell NOV 27 2006