


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 NOV 27 11:53

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 698433

1. Corporation Name
DEL CONTE CONTRACTING, INC.

2. Principal Office Address 9950 S. Ocean Drive		3. Mailing Office Address 9950 S. Ocean Drive	
Suite, Apt. #, etc. 305		Suite, Apt. #, etc. 305	
City & State Jensen Beach, FL		City & State Jensen Beach, FL	
Zip 34957	Country USA	Zip 34957	Country USA

REINSTATEMENT
CR2E081 (12/05) 05-06

4. Date Incorporated or Qualified To Do Business in Florida 08/01/1981

5. FEI Number 59 2117152

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

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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: _____ Date **11/20/06** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR