

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 DEC 19 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 729691

1. Corporation Name

Elevator Constructors Local 74  
Building Association Inc

2. Principal Office Address

8406 N. Hwy 301

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33637

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5-15-74

5. FEI Number

59-2498249

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Vincent Rosche

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

5315 Russell Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33611

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

Vincent R Rosche

REGISTERED AGENT MUST SIGN

Date 12-13-06

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
BUS AG	VINCENT ROSCHE	5315 RUSSELL ST	TAMPA FL 33611
VISEE	NORMAN LOPEZ	19550 LIVINGSTON	LUTZ FL 33559
PRES	AIMEE GARNETTE	2118 ZIS HWY 41	LUTZ FL 33549
VP	RICH HOLDSINGER	214 SE LINCOLN	ST PETE FL 33703
	BRIZARD		

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:

Norman K. Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-13-06

Date

918-689

Daytime Phone #