

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001958**

1. Corporation Name

CLEVELAND CONSTRUCTION, INCORPORATED

Principal Place of Business

2424 ORLANDO CENTRAL PARKWAY
ORLANDO FL 32809
US

Mailing Address

8620 TYLER BLVD.
MENTOR OH 44060

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/1994

5. FEI Number

34-1380189

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SMALL, RICHARD G	2424 ORLANDO CENTRAL PARKWAY	ORLANDO FL 32809
V	SMALL, MARK	2424 ORLANDO CENTRAL PARKWAY	ORLANDO FL 32809
V	ZIEGLER, KEITH	8620 TYLER BLVD.	MENTOR OH
P	SMALL, JON	2424 ORLANDO CENTRAL PARKWAY	ORLANDO FL 32809
V	SMALL, TIM	8620 TYLER BLVD.	MENTOR OH 44060
V	KING, GLENN	2424 ORLANDO CENTRAL PARKWAY	ORLANDO FL 32809

8. Name and Address of Current Registered Agent

SMALL, MARK T
2424 ORLANDO CENTRAL PARKWAY
ORLANDO FL 32809

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/24/02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK T. Small CFO 10/24/02 (440) 255-5000

Date

Daytime Phone #