

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000005984**

1. Corporation Name

NGI CONSTRUCTION, INC.

Principal Place of Business

7411 NAPA-VALLEJO HWY
NAPA CA 94558

Mailing Address

PO BOX 4050
NAPA CA 94558

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/1995

5. FEI Number

94-1395180

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CPD	FEDRICK, RONALD M	7411 NAPA-VALLEJO HWY	NAPA CA
VD	MOORE, RONALD R	7411 NAPA-VALLEJO HWY	NAPA CA
VD	SCOTT, VICTOR R	7411 NAPA-VALLEJO WAY	NAPA CA 94558
VSD	BIONDA, CAROLE L	7411 NAPA-VALLEJO HWY	NAPA CA 94558
VTD	BARBER, DAVID D	7411 NAPA-VALLEJO HWY	NAPA CA
VD	LUTKENHOUSE, MARK G	7411 NAPA-VALLEJO HWY	NAPA CA 94558

8. Name and Address of Current Registered Agent

C-T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

Naseem A. Conde

NASEEM A. CONDE
SPECIAL ASST. SECRETARY

Date

10.23.03

REGISTERED AGENT MUST SIGN

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:

Carole L. Bionda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03 707-265-1116

Date

Daytime Phone #

FILED

03 NOV -3 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



200024377292

11/03/03--01045--020 **150.00

CR2E040 (7/03)



Quality & Innovation in Construction

October 28, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

Re: NGI Construction, Inc.
Document No. F95000005984

Gentlepeople:

Enclosed herewith please find check no. 6191 for the amount of \$150 together with the completed and signed application for reinstatement. Our office, to date, has not received a Uniform Business Report (UBR) notice. Therefore, we request that the reinstatement fee be waived.

Thank you for your anticipated cooperation in this matter. Should you have any questions concerning the above, please contact our office.

Very truly yours,

NOVA GROUP, INC.

A handwritten signature in black ink, appearing to read "Carole L. Bionda", is written over a horizontal line.

Carole L. Bionda
VP/General Counsel

Enclosure(s)