

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 10 AM 11:20

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 98000006460

1. Corporation Name

CONSTRUCTION LABOR CONTRACTORS, INC.

REINSTATEMENT

0003

2. Principal Office Address

3600 BRECKSVILLE ROAD

Suite, Apt. #, etc.

SUITE 120

City & State

RICHFIELD, OHIO

Zip

44286

Country

USA

3. Mailing Office Address

3600 BRECKSVILLE ROAD

Suite, Apt. #, etc.

SUITE 120

City & State

RICHFIELD, OHIO

Zip

44286

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/25/1998

5. FEI Number

341849498

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

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

600021458646

07/10/03--01042--001 **1208.75

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

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

6/26/03

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
P	TIMOTHY J. CHEROTTI	3600 BRECKSVILLE ROAD	RICHFIELD, OHIO 44286
S	TRACY M. CHEROTTI	3600 BRECKSVILLE ROAD	RICHFIELD, OHIO 44286

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

July 8 2003

Daytime Phone #

3306590280

EXT 202

CR2E081 (1/0/02)