

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G41660**

1. Corporation Name

**CONE CONSTRUCTORS, INC.**

Principal Place of Business

6735 S. LOIS AVE.  
% DORTHA A THOMPSON, P.O. BOX 22869  
TAMPA FL 33616-1625

Mailing Address

6735 S. LOIS AVE.  
% DORTHA A THOMPSON, P.O. BOX 22869  
TAMPA FL 33616-1625

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

FILED

99 OCT 19 PM 3: 16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT **99**

4. Date Incorporated or Qualified  
To Do Business in Florida

06/01/1983

5. FEI Number

59-2295059

Applied For **SP**

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
DST	CONE JR, J L	6735 SO LOIS AVENUE	TAMPA, FL 00000
DP	CONE, MICHAEL LEE	6735 SO LOIS AVENUE	TAMPA, FL 00000
DV	CONE, CHRISTOPHER DUANE	6735 SO LOIS AVENUE	TAMPA, FL 00000
AS	THOMPSON, DORTHA A	6735 S. LOIS AVE.	TAMPA FL 33616

800003026198--8  
-10/27/99--01054--015  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

THOMPSON, DORTHA A  
6735 SO LOIS AVENUE  
TAMPA FL 33616

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.

Signature of  
Registered Agent

*Dortha A. Thompson*  
REGISTERED AGENT MUST SIGN

Date

10/13/99

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:

*M. K.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/99

Daytime Phone #

(813)  
837-2991