

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H99989

1. Entity Name
ROTTI CONSTRUCTION, INC.



Principal Place of Business
8064 NEWTON ROAD
JACKSONVILLE, FL 32216-5334

Mailing Address
8064 NEWTON ROAD
JACKSONVILLE, FL 32216-5334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10062005 REIN-P CR2E098 (6/04)

4. FEI Number

59-2644183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORNELIUS, BENJAMIN A
4496 SOUTHSIDE BLVD.
SUITE 200
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name John R. Matteson
Street Address (P.O. Box Number is Not Acceptable)
4496 Southside Blvd
City Jacksonville FL Zip Code 32216

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John R. Matteson CPA DATE 10/5/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME ROTTI, JAMES G
STREET ADDRESS 8062 NEWTON RD.
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE VPT ☐ Delete
NAME ROTTI, HELEN
STREET ADDRESS 8895 CHAMBORE DR.
CITY-ST-ZIP JACKSONVILLE, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James G. Rotti DATE 8 Oct 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

05 OCT 13 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

