## **CORPORATION** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 MAY 24 PM 1:10

SECRETARY OF STATE FALLAHASSEE, FLORIDA

## DOCUMENT # Joo390

1. Corporation Name

GREGG HASSLER-BUILDER, INC.

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Principal Offic		3. Mailing Office		A Name		_	41 EWE	- B B B B	18/-0	-coc		
1114 UNG	JERWOOD_	DRIVE		1114 UNDERWOOD DRIVE				<u></u>	_			
Suite, Apt. #, etc.			Suite, Apt. #, etc	Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida OZ/21/1986					
City & State		0::5:1	City & State	City & State VENICE, FLORIDA			5. FEI Number Applied For Not Applicable					
VENICE, FLORIDA				Zip Country					\$8.7	5 Additional	Fee required	
<sup>zip</sup> 34292	,	5.A.	34292		N.S.A.	6.	CERTIFICATE	OF STATUS DESIRE		or a Certificate		
A COLUMN TO SERVICE	en projection per season for the con-		<b>7.</b> Na	me and Add	ress of Current Register	red Aç	jent					
Name GREGG G. HASSLER ZOOOD5821097+-5												
Ś	Street Address (P.O. Box Number is Not Acceptable)         -06/18/0201071007           ****2556.25         ****2596.25											
s	Suite, Apt. #, Etc.  State Zip Code											
8	ity VEN		of the above named corpo			AC	and the second second	12 1. 14 to 10 10 10 10 10 10 10 10 10 10 10 10 10	<del>1</del> 292		<u> </u>	
Signature of Registered Age	' (	3	REGISTERED AGE	ENT MUST S	SIGN		2 dispetan)	Date 5	15/2	2002		
9. Names and	d Street Addresses	of Each C	Officer and/or Director (Flo	rida nonprofi			3 directors)					
Titles	Office	Name ors and/or	f Directors		Street Address of Ea Officer and/or Direct	or			City / St			
DG			HASSLER	4114	UNDERWOO	0	DR.	VENICE	, FC.	3429	<u>a</u>	
			. HASSLER	<u>-11-14-</u>	UNDERWO	D.D_	DR.	VENICE	FL.	342	19	
					2,404	, ć	35 <i>-1</i>	dm				
					(pl	<i>i2</i>	5-R	R				
					88	3.7	5-1	Roya	P_			
40	at Lam an officer (	or director	or the receiver or trustee	empowered to	o execute this application	as pro	vided for in o	chapter 607 or 617	, F.S. I furti	her certify that	when filing	
this reinst	tatement applicatio	n, the reas	or the receiver or trustee of son for dissolution has bee	n eliminated	, the corporate name satis	for an	e requiremen	nder section 119.0	7(3)(i), FS	The informat	ion indicated	

owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an e on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR