

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J47943

1. Corporation Name
CENTRAL SERVICE CONTRACTORS, INC

Principal Place of Business

6153 55TH AVENUE CIRCLE EAST
BRADENTON, FL 34203

Mailing Address

P.O. Box 20248
BRADENTON, FL
34204

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	
City & State	
Zip	Country

REINSTATEMENT 08/01

4. Date Incorporated or Qualified
To Do Business in Florida
12-19-1986

5. FEI Number
59-2769763

6. CERTIFICATE OF STATUS DESIRED \$6.75 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P D	BRIAN E. RIPA	6153 55TH AV. CIR. E.	Bradenton, FL 34203
V	SOT JANICE RIPA	6153 55TH AV. CIR. E.	Bradenton, FL 34203

2000003053392--9
-11/23/99--01069--017
****908.75 ****908.75

8. Name and Address of Current Registered Agent

Thomas A. Mosley, ATTY.
1724 MINOTEE AVE.
Bradenton, FL

9. Name and Address of New Registered Agent

Name
BRIAN E. RIPA
Street Address (P.O. Box Number Is Not Acceptable)
6153 55TH AVENUE CIRCLE EAST
Suite, Apt. #, Etc.

City
Bradenton
State
FL
Zip Code
34203

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

Brian E. Ripa

REGISTERED AGENT MUST SIGN

Date Nov. 9, 1999

CR2E081 (12/98)

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes No

(See other side for information
on intangible tax.)

12. 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: *Brian E. Ripa* BRIAN E. RIPA Nov. 9, 1999 941-758-8590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #