

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

02 JUL -1 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J69814**

1. Corporation Name

**GLOBAL CONSTRUCTION, INC.**

Principal Place of Business

1476 L & R INDUSTRIAL BLVD  
TARPON SPGS. FL 34689

Mailing Address

1476 L & R INDUSTRIAL BLVD  
TARPON SPGS. FL 34689

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

4. Date Incorporated or Qualified  
To Do Business in Florida

04/24/1987

5. FEI Number

59-2797922

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 01-02**

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
VP/D	KLIMIS, DEMETRIOS	1313 BELCHER DRIVE	TARPON SPRINGS FL
P/D	ZAGORIANOS, SAKELLARIOS	925 RIVERSIDE DRIVE	TARPON SPRINGS FL
VP/D	KALIKANTZAROS, GEORGE N.	643 BAYSHORE DRIVE	TARPON SPRINGS FL 34689
			400006234924--2 -07/08/02--01003--021 ****150.00 ****150.00
			400006234924--2 -07/08/02--01003--022 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

**KLIMIS, DEMETRIOS**  
1313 BELCHER DRIVE  
TARPON SPRINGS FL 34689

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

5/16/02

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: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/16/02 727-938-6991

CR2E040 (8/01)