

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 OCT 1 AM 8:57

DOCUMENT # L22501

1996 Annual Report

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

CONTINENTAL CONSTRUCTION OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

1262 THIRD ST SOUTH
STE F
NAPLES FL 33940
US

~~2700 TREASURE LANE~~
~~P.O. BOX 113032~~
~~NAPLES FL 33940~~
~~US~~



800001977408--4

-10/16/96--01086--013

****225.00 ****225.00

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

1262 Third St. South

Suite, Apt. #, etc.

Suite F

City & State

Naples, Florida

Zip

34102

Country

Collier

4. Date Incorporated or Qualified To Do Business in Florida

10/12/1989

5. FEI Number

65-0154112

Applied For

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DP	MURPHY, JAMES T.	2700 TREASURE LN	NAPLES FL
V	DUNCAN, AYLES	1262 THIRD STREET SOUTH SUITE F	NAPLES FL 33940
DP	MURPHY, JAMES T.	3980 GORDON DRIVE	NAPLES FL 34102

JB10-15-96

8. Name and Address of Current Registered Agent

SILVERIO, MARK V
44 WEST FLAGLER STREET
SUITE 2450
MIAMI FL 33130

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

REGISTERED AGENT MUST SIGN

Date

9/26/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES T. MURPHY

Date

Daytime Phone

9-24-96 941-434-8437

CP20040 (7/96)



CONTINENTAL CONSTRUCTION, INC.

September 24, 1996

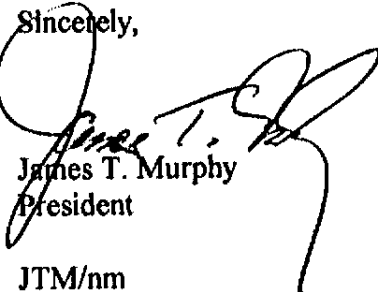
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

REF: L22501
65-0154112

This is in regards to a Certificate of Administrative Dissolution or Revocation. We filed our 1996 Corporation Annual Report back in June with a check for \$225.00. I was notified this morning, when I called your offices, that the check and a letter was returned back to us because we forgot to include who our registered agent was. We have not received this letter or the check, so we are resending this application and another check for \$225.00.

If you have any further questions, please do not hesitate to call or write (941) 434-8437.

Sincerely,



James T. Murphy
President

JTM/nm