APPLICATION FOR REINSTATEMENT FOR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE.

FILED
97 OCT 27 PM 1:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # L54687

Steinmetz Construction & Development, Inc.
Post Office Box 217
Lady Lake, FL 32159

Admin. Dissolution 9/26/97

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address REINSTATEMENT 97000

City and State 500002331705--5
-10/28/97--01069--009

Zip Code ****165.00 ****165.00

3. Date Incorporated or Qualified To Do Business in Florida 03/01/90

4. FEI Number 59-2963393

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/D	Leo P. Steinmetz	3718 Lake Griffin Rd.	Lady Lake, Florida
T/S/D	Nancy P. Steinmetz	3718 Lake Griffin Rd.	Lady Lake, Florida

500002331705--5
-10/28/97--01069--010
****593.75 ****593.75

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☐ Yes [X] No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

Leo P. Steinmetz
107 E. Lady Lake Blvd.
Lady Lake, FL 32159

7. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State FL. Zip Code

8. 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 [signature] Date 10/24/97

REGISTERED AGENT MUST SIGN

9. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director [signature] Date 10/24/97 Phone # (352) 753-9009

Typed or printed name of signing officer or director Leo P. Steinmetz

10. Should you desire a certificate of status check the box.