

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# L62862

**FILED**  
**Oct 09, 2013**  
**Secretary of State**

**Entity Name:** INTRASTATE CONSTRUCTION CORPORATION

**Current Principal Place of Business:**

8488 STATE RD 84  
DAVIE, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 550213  
DAVIE, FL 333550213 US

**New Mailing Address:**

1845 NW 111 AVENUE  
PLANTATION, FL 33322

**FEI Number:** 65-0361143

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BISOGNO, LISA  
8488 STATE RD 84  
DAVIE, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LISA BISOGNO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: BISOGNO, LISA  
Address: P.O. BOX 550213  
City-St-Zip: DAVIE, FL 333550213

Title: V  
Name: BROWN, JOE H  
Address: P.O. BOX 551315  
City-St-Zip: JACKSONVILLE, FL 32255

Title: S  
Name: BISOGNO, PETER  
Address: P.O. BOX 550213  
City-St-Zip: DAVIE, FL 333550213

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISA BISOGNO

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

10/09/2013

\_\_\_\_\_  
Date