

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

97 SEP -5 AM 8:24

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

DOCUMENT # **N 33056**  
 1. Corporation Name  
**American Subcontractors Assn of Florida**  
**% Greg Doyle**

Principal Place of Business Mailing Address  
**4608 N. Lois Ave** **SAME**  
**TAMPA FL 33614**

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

2. New Principal Office Address, if Applicable  
**4608 N. Lois Ave**  
 Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable  
 Suite, Apt. #, etc.

City & State  
**TAMPA FL 33614**

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
**9/16/92**

5. FEI Number  
**59 27 104 73**

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
Pres.	Greg Doyle	4608 N. Lois Ave	Tampa FL 33614
D	Gary Hayes	299 Airport Rd N	NAPLES FL 34104
D	Karen Price	2355 E. MADD Jv.	FT MYERS FL 33901
D	Michelle Tappouni	133 W. Cass St.	Tampa FL 33606
<b>REINSTATEMENT</b>			<b>93-97</b>
			<b>SL 9-9-97</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent  
 Name **Melinda SHAW**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1208 Imperial Drive**  
 Suite, Apt. #, Etc.  
 City **NAPLES** State **FL** Zip Code **34110**

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 **Melinda Shaw** Date **4/13/97**  
 REGISTERED AGENT MUST SIGN

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]** Date **6/16/97** (813) 879-4104  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2000 (12/96)