


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT

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

DOCUMENT # **P000000053872**

1. Corporation Name

ALESCH CONTRACTING, INC

2. Principal Office Address

13559 TARRASA CT W

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32225

Country

USA

3. Mailing Office Address

13559 TARRASA CT W

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32225

Country

USA

2001-2002 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

5/25/00

5. FEI Number

59-3651474

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TED W. ALESCH

Street Address (P.O. Box Number is Not Acceptable)

13559 TARRASA CT W

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32225

200005195682--9

-04/05/02--01055--007

*****300.00 ***300.00**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

JW Alesch

Date

2/25/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	TED W ALESCH	13559 TARRASA CT W	JACKSONVILLE FL 32225

10. 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:

JW Alesch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02

Date

904-591-2278

Daytime Phone #

CR20081 (9/01)

2 of 2

Alesch Contracting, Inc

13559 Tarrasa Ct. W. Jacksonville, FL 32225

February 25, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32399

Dear Sir or Madam:

I would like to have my corporation reinstated. I was unaware that I was to file a business report each year along with a fee. I did not receive any correspondence from the state indicating this. My office address was changed the first part of last year and I believe this was the reason I did not receive any mailings.

I am enclosing a check for \$300.00 as instructed for 2001 and 2002. I would very much appreciate your waiving the penalty for not filing on time.

Please update my mailing address as follows:

Alesch Contracting, Inc.
13559 Tarrasa Ct. W.
Jacksonville, FL 32225

Sincerely,



Ted W. Alesch
President