

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

FILED

06 JUN 19 PM 2:11

RECEIVED  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000084974

1. Corporation Name

STATEWIDE CONTRACTING CORP.

2. Principal Office Address

3029A REYNOLDS RD

Suite, Apt. #, etc.

3. Mailing Office Address

3029A REYNOLDS RD

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

LAKELAND, FL

Zip

33803

Country

Zip

33803

Country

REINSTATEMENT 01-06

4. Date Incorporated or Qualified  
To Do Business in Florida

09/05/2000

5. FEI Number

65-1049492

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JODY CALIGUIRE

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

128 CALOOSA DRIVE

Suite, Apt. #, Etc.

City

BABSON PARK FL

State

FL

Zip Code

33827

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

*Jody Caliguire*  
REGISTERED AGENT MUST SIGN

Date

6-14-2006

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
PD	JODY CALIGUIRE	128 CALOOSA DRIVE	BABSON PARK FL 33827

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 contained in Chapter 119, 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:

*Jody Caliguire* - Jody Caliguire  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-14-06-863-665-6069

Daytime Phone #

B. Mitchell

JUN 20 2006

2 of 2

Statewide Contracting Corp.  
3029A Reynolds Road  
Lakeland, FL 33803  
(863) 665-6069

June 13, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Document P00000084974  
Request for Waiver of Reinstatement Fee

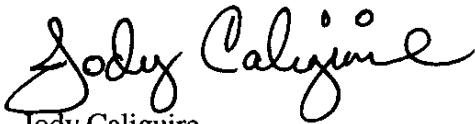
Dear Sir or Madam:

I request that the Division of Corporations waive the reinstatement fee since the annual report notice was not received. I have searched the Corporation's records and do not find the annual report notice that should have been received for the 2001 Corporate Annual Report.

Please find enclosed the Corporation's Annual Report Fees and Corporate Supplemental Fees in the amount of \$900.

Thank you in advance for your consideration of this request.

Sincerely,



Jody Caliguire  
President of Statewide Contracting Corp.