

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
02 DEC 18 AM 11:57  
TALLAHASSEE, FLORIDA

DOCUMENT # P0000090206

1. Corporation Name

WARE CONSTRUCTION SERVICES, INC.

Principal Place of Business

4731 VASCONIA STREET  
TAMPA FL 33629

Mailing Address

4731 VASCONIA STREET  
TAMPA FL 33629



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/25/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3694217

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PD	WARE, JAMES L SR.	4731 VASCONIA STREET	TAMPA FL 33629

200009566622  
12/17/02--01098--004 \*\*758.75

12/19

CURRENT

8. Name and Address of Current Registered Agent

WARE, MARK J ESQ.  
13315 HIGHWAY U.S. 301  
SUITE 211  
DADE CITY FL 33526

9. Name and Address of New Registered Agent

Name: MARK J. WARE, Esq.  
Street Address (P.O. Box Number is Not Acceptable): 201 E. Kennedy Blvd.  
Suite, Apt. #, Etc.: Suite 1000  
City: TAMPA  
State: FL  
Zip Code: 33604

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. or 617.0505, F.S.

Signature of Registered Agent

*Mark J. Ware*  
REGISTERED AGENT MUST SIGN

Date

12/13/02

11. 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:

*James G. Ware Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/02

813-224-9624  
Daytime Phone

CR2040 (8/02)