PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION									
FOR									
REINSTATEMENT									



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P00000090206

1. Corporation Name

WARE CONSTRUCTION SERVICES, INC.

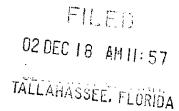
Principal Place of Business

Mailing Address

4731 VASCONIA STREET **TAMPA FL 33629**

4731 VASCONIA STREET

TAMPA FL 33629





		t at a second			44	: :	QE	MSTATER	AFNT	02	_
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mailir					formation and enter correction below. ng Office Address, If Applicable			図8点の関節を orated or Qualified ness in Florida		···	
Suite, Apt. #, etc. Suite, Apt. #, 6				etc.			5. FEI Number	•	09/25/20	Applied Fo	or
City & State City & State								59-3694217		Not Applica	
Zip Country			Zip	Zip Country			6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additi for a Certi	onal Fee rec ficate of Sta	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)											
Title(s)	itle(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			ch City/State/7ip				
PD	WARE, JAMES L SR.			4731 VASCONIA STREET				TAMPA FL 33629			
						, de					
							12/17/	201003566622 12/17/02-01038-004 **758.75			
							-				
					Marke						
					Cupkeut						
8. Name and Address of Current Registered Agent							Name and Address of Hear Registered Agent				
WARE, MARK J ESQ.						NAME MARK W. WARR, EBR.					
13315 HIGHWAY U.S. 301						Street Address (I	P.O. Box Number	is Not Acceptable			CR2E040
SUITE 211						Suite, Apt. #, Etc			7	•	5
DADE CITY FL 33526				City AHAM State Zip Code, FL 33604						de	_
		-1	, 	1		TAHL	}			1604	
Signature o	ıf	e registered agent/of fre al	pove navýed corpo	ordion, auri		and accept the	bligations of Secti		7.0505, F.S. 13/02		
REGISTERED AGENT MUST SIGN											
11. I certify this rein	that I am an o	officer or director or the rec olication, the reason for dis	eiver or trustee en solution has been	npowered to eliminated,	execute the	nis application as p ate name satisfies	provided for in cha the requirements	apter 607 or 617, F.S. I fu of section 607.0401 or 6	urther certify th 517.0401, F.S.	at when filin , that all fee	ığ s

SIGNATURE:

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.