

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 16 AM 10:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000107955

1. Corporation Name

SIMCAS CONSTRUCTION, INC

2. Principal Office Address

4251 SW 137TH AVENUE

3. Mailing Office Address

251 S. STATE ROAD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

PLANTATION, FL

Zip

33027

Country

BROWARD

Zip

33317

Country

BROWARD

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/17/2000

5. FEI Number

65-1048745

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

ADRIAN H. SNAGG

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

251 SO. STATE ROAD 7

Suite, Apt. #, Etc.

City

PLANTATION

State


FL

Zip Code

33317

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


REGISTERED AGENT MUST SIGN

Date

11/13/03

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	SHIRAZ A. CASSIM	4251 SW 137TH AVENUE	MIRAMAR, FL 33027

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:  SHIRAZ A. CASSIM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/13/03

(754) 234-7517

Daytime Phone #

CR2E081 (10/02)

21 117

SHIRAZ A. CASSIM
4251 SW 137TH AVENUE
MIRAMAR, FL 33027

JAN 14 2003

DEPT. OF STATE
DIVISION OF CORP.
TALLAHASSEE, FL 32311

RE: DOCUMENT # P00000107955

DEAR SIR / MADAM

PER YOUR INSTRUCTIONS
I AM ENCLOSED A REQUEST FOR RETESTING
WITH A FEE OF \$150.00

I DID NOT RECEIVE ANY OF THE ORIGINAL
NOTICES FOR RENEWAL.

PLEASE NOTE THE NEW MAILING ADDRESS.

THANK YOU.

Shiraz A. Cassim

SHIRAZ ALI CASSIM.