

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 25 PM 12:32

DOCUMENT # P01000006349

1. Corporation Name

FRONCKOWIAK & COMPANY CONSTRUCTION, INC.

REINSTATEMENT 02-03

2. Principal Office Address

5853 S. MIAMI ROAD

Suite, Apt. #, etc.

City & State

VENICE, FL

Zip

34293

Country

USA

3. Mailing Office Address

5853 S. MIAMI ROAD

Suite, Apt. #, etc.

City & State

VENICE, FL

Zip

34293

Country

USA

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

1/17/2001

5. FEI Number

65-1068542

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

JOSH FRONCKOWIAK

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

5853 S. MIAMI ROAD

Suite, Apt. #, Etc.

City

VENICE

State

FL

Zip Code

34293

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 6/16/2003

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,S,D	JOSH FRONCKOWIAK	475 ZEPHYR ROAD	VENICE, FL 34293

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Josh Fronckowiak

6/16/2003

(941) 493-1729

Date

Daytime Phone #

CR2E081 (10/02)