

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000008273

1. Corporation Name

U.P.C. CONTRACTORS, INC.

Principal Place of Business

1845 ALT 19 SOUTH
TARPON SPRINGS FL 34689

Mailing Address

1845 ALT 19 SOUTH
TARPON SPRINGS FL 34689

FILED
04 MAR -3 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

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

2. New Principal Office Address, If Applicable

U.P.C. CONTRACTORS, INC.

Suite, Apt. #, etc.

49 GULFWINDS DR W.

City & State

PALM HARBOR FL

Zip

34683

Country

PINELLAS

3. New Mailing Office Address, If Applicable

U.P.C. CONTRACTORS, INC.

Suite, Apt. #, etc.

49 GULFWINDS DR W.

City & State

PALM HARBOR FL

Zip

34683

Country

PINELLAS

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/2001

5. FEI Number

59-3634952

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDVT	HATZILERS, KOMINOS	1525 RAINVILLE ROAD	TARPON SPRINGS FL 34689
S	HATZILERS, KOMINOS	1525 RAINVILLE ROAD	TARPON SPRINGS FL 34689

000024764060
11/17/03--01099--015 **758.75

000024764060
03/03/04--01051--008 **141.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HATZILERS, KOMINOS

1845 ALT 19 SOUTH

TARPON SPRINGS FL 34689

Name

HATZILERS, KOMINOS

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

49 GULFWINDS DR W.

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34683

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

KOMINOS HATZILERS

REGISTERED AGENT MUST SIGN

Date

11/12/03

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:

KOMINOS HATZILERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/12/03

Daytime Phone #

302-898-3957

CR2E040 (7/03)