

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 DEC 30 PM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000011125

1. Corporation Name

CAWLEY CONSTRUCTION, INC.

2. Principal Office Address - No P.O. Box #

215 W NORTH ST

3. Mailing Office Address

215 W NORTH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33604

Country

USA

Zip

33604

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/2001

5. FEI Number

26-0019839

☐ 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

GLEN CAWLEY

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

215 W NORTH ST

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33604

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

Date 12/29/2010

REGISTERED AGENT MUST SIGN

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	MICHAEL J CAWLEY	215 W NORTH ST	TAMPA FL 33604
T	KEVIN CAWLEY	215 W NORTH ST	TAMPA FL 33604
S	GLEN CAWLEY	215 W NORTH ST	TAMPA FL 33604
V	THOMAS CAWLEY	215 W NORTH ST	TAMPA, FL 33604
		11/3/11	

10. E-mail Address: gcawley@gmail.com

(To be used for future annual report notification)

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. I further certify, 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:

12/29/2010 (813)817-3865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #