

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 25 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000026180

1. Corporation Name

SALOMONSKY CONSTRUCTION CO., INC.

2. Principal Office Address

1940 Baywood Court

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34231

Country

3. Mailing Office Address

1940 Baywood Court

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34231

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/2001

5. FEI Number

52-2297451

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

Salomonsky, Mark S.

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

1940 Baywood Court

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34231

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 10/23/02

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
PD	Salomonsky, Mark S.	1940 Baywood Court	Sarasota, FL 34231

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

Mark S. Salomonsky 10/23/02

Date

Daytime Phone #