

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 12 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000112261

1. Corporation Name

NCG GENERAL CONTRACTORS, INC.

300008966853
11/13/02--01047--025 **608.75



REINSTATEMENT 02

Principal Place of Business

907 E. BROAD ST.
TAMPA FL 33604

Mailing Address

907 E. BROAD ST.
TAMPA FL 33604

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/2001

5. FEI Number

59-3759977

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
D	PUGLISI, CARMELO E	907 E. BROAD ST.	TAMPA FL 33604
D	PUGLISI, NICHOLAS V	621 ONTARIO AVE.	TAMPA FL 33606
D	PUGLISI, GUY	5077 MANOR RIDGE LN.	SAN DIEGO CA 92130
D	PUGLISI, NICOLE	2917 SAN ISIDRO, APT. #3	TAMPA FL 33629

8. Name and Address of Current Registered Agent

MORRIS, ROBERT E

5020 W. CYPRESS ST., STE. 200
TAMPA FL 33607

9. Name and Address of New Registered Agent

Name

Robert E. Morris

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

5020 W. Cypress St., STE. 200

Suite, Apt. #, Etc.

Tampa, FL 33607

City

State

FL

Zip Code

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

Robert E. Morris
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/7/02

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:

Robert E. Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OCT 28 2002 813.690.6574