

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

08 APR -9 PM 1:35

DOCUMENT # P02000003338

1. Corporation Name

Ferrara Realty Maintenance
Construction, Inc.

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

7803 Armenia Ave

Suite, Apt. #, etc.

Ste. C

City & State

Tampa

Zip

33604

Country

Hillborough

3. Mailing Office Address

9014 Duke Drive

Suite, Apt. #, etc.

City & State

Tampa

Zip

33615

Country

Hillborough

7. Name and Address of Current Registered Agent

Name

Albert J. Ferrara

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

9014 Duke Drive

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33615

900119359719
04/09/08--01003--018 **150.00

REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida

12-3-03

5. FEI Number

26-0033445

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Albert J. Ferrara
REGISTERED AGENT MUST SIGN

Date 2-22-08

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
<u>President</u>	<u>Albert J. Ferrara</u>	<u>9014 Duke Drive</u>	<u>Tampa FL 33615</u>

900119359719
03/04/08--01016--022 **300.00

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 contained in Chapter 119, 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:

Albert J. Ferrara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-08

Date

813-240-4819

Daytime Phone #