

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000006225

1. Corporation Name

MIKE COSENTINO CONSTRUCTION MANAGEMENT, INC.

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

617 Avenida De Mayo

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip
34242

Country
USA

3. Mailing Office Address

617 Avenida De Mayo

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip
34242

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/2002

5. FEI Number
01-0582535

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
Mike Cosentino

Street Address (P.O. Box Number is Not Acceptable)
617 Avenida De Mayo

Suite, Apt. #, Etc.

City
Sarasota

State
FL

Zip Code
34242

☐ 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

Mike Cosentino

REGISTERED AGENT MUST SIGN

Date

2/14/07

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
D	Mike Cosentino	617 Avenida De Mayo	Sarasota, FL 34242

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:

Mike Cosentino

Mike Cosentino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/14/07

Daytime Phone #

941-346-2584

FILED

07 FEB 16 AM 8:19

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

400088903094

02/21/07--01028--016 **1350.00

REINSTATEMENT 03-07
CR2E081 (1/07)