

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 28 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000015764

1. Corporation Name

Imperial Construction of SW Florida, Inc.

2. Principal Office Address

2084 Painted Palm Drive

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34119

Country

USA

3. Mailing Office Address

P.O. Box 770412

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34107

Country

USA

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/11/2002

5. FEI Number

80-0036818

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

James R. Nici, c/o Cox & Nici

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

1185 Immokalee Road

Suite, Apt. #, Etc.

Suite 110

City

Naples

State
FL

Zip Code
34110

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

James R. Nici

REGISTERED AGENT MUST SIGN

Date

10/23/03

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	Campos, Melissa S.	2084 Painted Palm Drive	Naples, FL 34119

10. I certify that I am an officer or director of 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

Melissa S. Campos-Pres.

Melissa S. Campos-Pres.

(239) 591-8526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25081 (10/02)

21/3



Robin H. Doxey
Juris Doctorate in Law
Master of Laws in Taxation
rdoxey@coxnici.com

Suite 110
1185 Immokalee Road
Naples, Florida 34110
239.254.0706 Telephone
239.254.0709 Facsimile
www.coxnici.com

October 23, 2003

Division of Corporations
Corporate Filings, Reinstatement Dept.
P.O. Box 6327
Tallahassee, FL 32314

Re: IMPERIAL CONSTRUCTION OF SW FLORIDA, INC.
Our File no. 3325.5
Ref. Number: P02000015764

Dear Sir/Madam::

Attached is a letter dated October 7, 2003, signed by our client to reinstate Imperial Construction of SW Florida, Inc., which was dissolved for lack of annual report (UBR). As she stated in the letter, our client had filed for reinstatement on September 30, 2003, and sent you a check for \$550.00. After she signed the letter, she received the check and all of the documentation back from your office for improper filing.

As we are now acting as the Registered Agent, please accept this letter as an attachment to hers to reinstate the company and send her a Certificate of Status. Enclosed is a copy of your letter to her, the Corporation Reinstatement Form, and a check for \$158.75 to cover the fee for the reinstatement and the Certificate of Status.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Robin H. Doxey'. Below the signature, the name 'Robin H. Doxey' is printed in a serif font.

Robin H. Doxey

RHD/jss
Enclosures
cc: Melissa S. Campos