

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

APPLICATION
OR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000040882

1. Corporation Name

SPECIALTY CONTRACTING & RENOVATIONS, INC.

Principal Place of Business

205 wheeler st
2429 QUAILS ROOST PLACE
DELEON SPRINGS FL 32130

Mailing Address

POST OFFICE BOX 158
DELEON SPRINGS FL 32130



000023891040
10/17/03--01032--029 **150.00

DS

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/2002

Suite, Apt. #, etc.

205 wheeler st

Suite, Apt. #, etc.

Post office Box 158

City & State

Deleon Springs, FL

City & State

DELEON SPRINGS

Zip

32130

Country

USA

Zip

32130

Country

USA

5. FEI Number

04-3643255

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
PD	MOONEY, PAUL W	2429 QUAILS ROOST PLACE 205 wheeler st	DELEON SPRINGS FL 32130
STD	MOONEY, STEFANIE L	2429 QUAILS ROOST PLACE 205 wheeler st	DELEON SPRINGS FL 32130
VPD	MOONEY, William B	453 South St	Deleon Springs FL 32130

REINSTATEMENT

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

PAUL MOONEY

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

205 wheeler st

Suite, Apt. #, Etc.

City

Deleon Springs

State

FL

Zip Code

32130

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

Paul Mooney

Date

10/8/03

REGISTERED AGENT MUST SIGN

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:

Paul Mooney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/8/03

Daytime Phone #

386-988-2757

2012



Specialty Contracting & Renovations, Inc.

Commercial and Residential Contracting

October 13, 2003

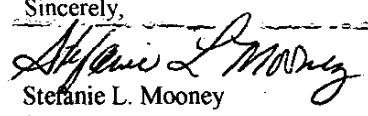
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Due to an error in our mail delivery, we did not receive the Annual Reporting form until recently. The individual who maintains P.O. Box 153 was receiving our mail and not forwarding the mail to our box. We have corrected this issue with our Postmaster.

Since our corporation has only been established for this one year, we were unaware of our obligation. Please accept our delay in filing. If you have any questions, please feel free to contact myself or Paul Mooney, President of the corporation.

Sincerely,



Stefanie L. Mooney
Secretary

(386) 985-2757 office/fax

P.O. Box 158 • DeLeon Springs, FL 32120 • License #CBC051246