

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -7 AM 8:00

DOCUMENT # **P02000074845**

1. Corporation Name

F.L. SCAVELLO CONSTRUCTION & DESIGN, INC.

Principal Place of Business

Mailing Address

1905 EL DORADO PKWY. WEST
CAPE CORAL FL 33914

1905 EL DORADO PKWY. WEST
CAPE CORAL FL 33914

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/2002

5. FEI Number

13-4203253

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	SCAVELLO, FRANK L	1905 EL DORADO PKWY. WEST	CAPE CORAL FL 33914

300035734143
05/07/04 01010 024 **908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

FRANK L. SCAVELLO

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

1905 EL DORADO PKWY WEST

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33914

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

Frank L. Scavello
REGISTERED AGENT MUST SIGN

Date

5/4/2004

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:

Frank L. Scavello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/2004
Date

(239)
857-1327
Daytime Phone #

CR2E040 (7/03)