

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 SEP 13 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000109051

1. Corporation Name  
Specialty Contractors and Consultants, Inc.  
~~to be~~

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

6026 W. Linebaugh Ave

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33625

Country

USA

City & State

Tampa, Florida

Zip

33625

Country

USA

7. Name and Address of Current Registered Agent

Name

Ira L. Libanoff Esq.

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

150 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

[Signature]  
REGISTERED AGENT MUST SIGN

Date

9/6/07

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
<del>Pres</del>	<u>Robert J. Verkyk</u>	<u>10401 GreentHedges Dr.</u>	<u>Tampa, FL 33626</u>
	<u>7/9/13</u>		

~~800109407348~~  
~~09/12/07-01000-007 \*\*1050.00~~

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~~09/14/07-01024-007 \*\*1050.00~~

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

09/10/2007

Daytime Phone #

**REINSTATEMENT** 05-07  
CR2E081 (1/07)