

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

600040005966  
08/09/04--01032--003 \*\*308.75

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name *Florida State Contractors, Inc.*  
*PO 2000 121799*

**2. Principal Office Address**

*140 Island Way*

Suite, Apt. #, etc.

*#211*

City & State

*Clearwater, FL.*

Zip

*33767*

Country

*USA*

**3. Mailing Office Address**

*140 Island Way*

Suite, Apt. #, etc.

*#211*

City & State

*Clearwater, FL.*

Zip

*33767*

Country

*USA*

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

*11/14/2002*

**5. FEI Number**

*05-0541189*

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

*Anthony Mircovich*

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

*255 Dolphin Point Rd.*

Suite, Apt. #, Etc.

*Apt. 901*

City

*Clearwater*

State  
**FL**

Zip Code

*33767*

**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

Date

*8/4/04*

REGISTERED AGENT MUST SIGN

**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
<i>President</i>	<i>Anthony Mircovich</i>	<i>255 Dolphin Point Rd. Apt 901</i>	<i>Clearwater, FL. 33767</i>

**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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/4/04*

Date

*727-459-3591*

Daytime Phone #

CR2E081 (01/04)

2 of 2

## FLORIDA STATE CONTRACTORS

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140 Island Way

#211

Clearwater, FL. 33767

Phone Number: 727-459-3591

Fax Number: 727-447-1264

Date: 8/04/2004

Division Of Corporations

P.O. Box 6327

Tallahassee, FL. 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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To Whom It May Concern:

I am writing to you in regard of my corporation being under dissolution. I did not receive any letters informing me of dissolution or annual reports. I spoke over the phone with an agent with the Division Of Corporations and he instructed me to write this letter and mail to you the proper forms along with a check of \$300.00 and the corporation would be reinstated. In addition to those forms I also submitted a form and check for change of address. If there is any other information needed please let me know so I can promptly get you the information. Thank You!

Sincerely,

Anthony Mircovich

President