

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

03 OCT 29 PM 5:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02646**

1. Corporation Name

Warren Contractors of Pinellas Inc.
30 N. Ring Avenue; Suite 300
Tarpon Springs, FL 34689

2. Principal Office Address

30 N. Ring Avenue

3. Mailing Office Address

30 N. Ring Avenue

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

Tarpon Springs, FL

City & State

Tarpon Springs, FL

Zip

34689

Country

USA

Zip

34689

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/10/84

5. FEI Number

38-1900469

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name

Onorio Carlesimo

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

30 N. Ring Avenue; Suite 300

Suite, Apt. #, Etc.

Suite 300

City

Tarpon Springs

State
FL

Zip Code
34689

500024105035
10/27/03--01030--016 **1058.75

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]

Date 10/21/03

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
P	Onorio Carlesimo	30 N. Ring Ave.; Suite 300	Tarpon Springs, FL 34689
VP	Antonio Carlesimo	30 N. Ring Ave.; Suite 300	Tarpon Springs, FL 34689
ST	Salvatore Cerullo	30 N. Ring Ave.; Suite 300	Tarpon Springs, FL 34689

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]

Onorio Carlesimo, Pres. 10/21/03 727-945-0966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)