

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 18 PM 1:06

DOCUMENT # P03000007794

1. Corporation Name

D & J Architectural Precast, Inc.

2. Principal Office Address
3517 Dora Street

Suite, Apt. #, etc.

City & State
Fort Myers, FL

Zip
33916

Country
USA

3. Mailing Office Address
same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 01/22/2003

5. FEI Number
141867619

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
James Gargiulo

Street Address (P.O. Box Number is Not Acceptable)
3517 Dora Street

Suite, Apt. #, Etc.

City
Fort Myers

State
FL

Zip Code
33916

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

James Gargiulo

REGISTERED AGENT MUST SIGN

Date 12/13/06

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
PS	James Gargiulo	3517 Dora Street	Fort Myers, FL 33916
VP	William Purdy	3517 Dora Street	Fort Myers, FL 33916
T	Patricia Dawn Mason	3517 Dora Street	Fort Myers, FL 33916

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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

James Gargiulo

Date

12/13/06

Daytime Phone #