

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000109166

1. Corporation Name

786 CONSTRUCTION, INC.

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

1388 NW 97TH TERRACE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33071

Country

USA

3. Mailing Office Address

1388 NW 97TH TERRACE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33071

Country

USA

7. Name and Address of Current Registered Agent

Name

NAZEMUL S RUSTAM

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

1388 NW 97TH TERRACE

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33071

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

NAZEMUL S RUSTAM

REGISTERED AGENT MUST SIGN

Date 03/05/2010

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	NAZEMUL S RUSTAM	1388 NW 97TH TERRACE	CORAL SPRINGS, FL 33071
			M. MILLIGAN EXAMINER
			MAR 24 2010

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

NAZEMUL S RUSTAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/2010

Date

Daytime Phone #

FILED

10 MAR 24 PM 4:04

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

200172224622
03/15/10--01062--024 **150.00
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 10/03/2003

5. FEI Number
20-0235056

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

03/26/10--01018--013 **758.75
200172224622
03/26/10--01018--013 **758.75