

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 16 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000002074

1. Corporation Name

Tom Amendola III-General Contractor, Inc.

2. Principal Office Address

200 Stevens Landing

3. Mailing Office Address

200 Stevens Landing

Suite, Apt. #, etc.

406

Suite, Apt. #, etc.

406

City & State

Marco Island, FL

City & State

Marco Island, FL

Zip

34145

Country

USA

Zip

34145

Country

USA

4. Date Incorporated or Qualified
To Do Business In Florida

12/23/03

5. EEL Number

55-0855400

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

Thomas Amendola III

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

200 Stevens Landing Dr.

Suite, Apt. #, Etc.

406

City

Marco Island

State

FL

Zip Code

34145

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

REGISTERED AGENT MUST SIGN

Date 11.13.06

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
Pres	Thomas Amendola III	200 Stevens Landing Apt. # 406	Marco Island, FL 34145

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

Date

11.13.06

Daytime Phone #

239-404-6976