

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000042037

1. Entity Name
SPL CONSTRUCTION CONSULTING INC.



Principal Place of Business
16170 BAYSIDE POINT EAST
APT 1703
FORT MYERS, FL 33908

Mailing Address
16170 BAYSIDE POINT EAST
APT 1703
FORT MYERS, FL 33908

2. Principal Place of Business

5520 ISLANDWALK CIR.

Suite, Apt. #, etc.

3. Mailing Address

5520 ISLANDWALK CIR.

Suite, Apt. #, etc.

City & State

NAPLES FLORIDA

Zip

34119

Country

USA

City & State

NAPLES FLORIDA

Zip

34119

Country

USA



REINSTATEMENT

1-162005 REIN-P CR2E098 (6/04) 05-06

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAWDON, PHILIP J
16170 BYSIDE POINT EAST
1703
FORT MYERS, FL 33908

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE PHILIP J. SAWDON, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/12/05

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ Delete
NAME PHILIP J. SAWDON
STREET ADDRESS 5520 ISLANDWALK CIR
CITY-ST-ZIP NAPLES, FL 34119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Addition
NAME 800062222538
STREET ADDRESS 01/24/06--01052--005 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 800062222538
STREET ADDRESS 12/16/05--01024--009 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP J. SAWDON, President 12/12/05

Date

Daytime Phone #