

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 JAN -9 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500084093075
01/12/07--01003--010 **450.00

REINSTATEMENT 05-07

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # PO4000152864

1. Corporation Name

DAVID LUGO CONSTRUCTION

2. Principal Office Address

909 3rd AVE E

Suite, Apt. #, etc.

103

City & State

PALMETTO FL

Zip

34221

Country

MANATEE

3. Mailing Office Address

909 3rd AVE E

Suite, Apt. #, etc.

103

City & State

PALMETTO FL

Zip

34221

Country

MANATEE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-1869114

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

DAVID LUGO

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

909 3rd AVE E

Suite, Apt. #, Etc.

103

City

PALMETTO

State

FL

Zip Code

34221

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

DAVID LUGO

Date

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	DAVID LUGO	909 3rd AVE E # 103	PALMETTO, FL 34221

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:

DAVID LUGO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/07