


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2012 OCT 26 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04000171310**

1. Corporation Name **Calooshatchee Construction, Inc**

2. Principal Office Address - No P.O. Box # 18680 Old Bay Shore rd		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State North Fort Myers FL		City & State	
Zip 33917	Country	Zip	Country

CR2E081 (11/10)

4. Date incorporated or Qualified To Do Business in Florida **12-22-04**

5. FEI Number **20-2047389** 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 **Patrick Zurcher**

Street Address (P.O. Box Number is Not Acceptable)
18680 Old Bay Shore rd

Suite, Apt. #, Etc.

City **North Fort Myers**

City **FL** State **FL** Zip Code **33917**

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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 *Patrick Zurcher* Date **10-25-2012**

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
	Patrick Zurcher President	18680 Old Bay Shore rd - N-Fort Myers FL	
	Patrick Zurcher - Director	18680 Old Bay Shore rd N-Fort Myers FL	

10. E-mail Address: **PHZ.TNC@AOL.COM** (To be used for future annual report notification)

T. LEWIS

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Patrick Zurcher* Date **10-25-2012** 239-340-5297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR