

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2022 APR 18 PM 9:14

DOCUMENT # P05000096120

1. Corporation Name

SMALL STREET CONSTRUCTION COMPANY, INC

600383963666
03/18/22--01002--002 **908.71

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

15432 N. NEBRASKA AVE

Suite, Apt. #, etc

City & State

LUTZ, FL

Zip

33549

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc

City & State

Zip

Country

CR25081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

7/7/2008

5. FEI Number

25-1920573

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

PIYUSH MULJI

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

15432 N. NEBRASKA AVE

Suite, Apt. #, Etc

City

LUTZ

State

FL

Zip Code

33549

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 02/15/2022

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
D	PIYUSH MULJI	15432 N. NEBRASKA AVE	LUTZ, FL 33549
			W. LAWRENCE
			MAR 21 2022

10. E-mail Address: accounting@vantageconstructiongroup.com

(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., 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:

02/15/2022

(813) 498-2337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #