

attach mini 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 DEC -8 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO6000134685

1. Corporation Name

JOHN TOKI-PESOLA GENERAL  
CONTRACTOR INC.

400138693144  
12/08/08--01057--001 \*\*300.00

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

16027 89TH PL. N.

Suite, Apt. #, etc.

3. Mailing Office Address

16027 89TH PL. N.

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL.

Zip

33470

Country

USA

City & State

LOXAHATCHEE, FL.

Zip

33470

Country

USA

CR2E081 (10/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

12-8-2006

5. FEI Number

830469315

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

JOHN TOKI-PESOLA

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

16027 89TH PL. N.

Suite, Apt. #, Etc.

City

LOXAHATCHEE

State

FL

Zip Code

33470

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

[Signature]  
REGISTERED AGENT MUST SIGN

Date 12-5-08

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.	JOHN TOKI-PESOLA	16027 89TH PL. N.	LOXAHATCHEE, FL, 33470
VICE	GLEN CONSTANTINE	1428 FAIRWAY CIRCLE	GREENACRES FL, 33413

**REINSTATEMENT** 07-08 KS

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: JOHN TOKI-PESOLA [Signature] 12-5-08 561-317-1777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12-5-08

To whom it may concern,

PLEASE FIND ENCLOSED A CHECK FOR \$300.00 TO COVER 2 YRS. OF RENEWAL FEES FOR OUR CORPORATION, JOHN TOKI- PESOLA GENERAL CONTRACTOR INC.

AFTER MUCH SEARCHING WE FAILED TO FIND ANY CORRESPONDENCE FROM YOUR OFFICE ALERTING US TO FILE RENEWAL FORMS EACH YEAR, HOWEVER WE REALIZE NOW IT IS IN FACT OUR RESPONSIBILITY TO DO SO ON OUR OWN, WE CAN ASSURE YOU FROM HERE ON OUT WE WILL LIVE UP TO THAT RESPONSIBILITY.

IN THE SPIRIT OF LEARNING AS WE GO, AND CONTINUING DOING GOOD BUSINESS, ALSO STRUGGLING THROUGH A TRYING ECONOMY, WE ASK THAT YOU WAIVE THE \$600.00 REINSTATEMENT FEE AT THIS TIME.

WE AT PESOLA CONSTRUCTION THANK YOU IN ADVANCE FOR YOUR UNDERSTANDING AND ASSURE YOU WE WILL NOT BE A PROBLEM IN THE FUTURE.

AT THIS TIME WE AWAIT THIS SOLUTION SO THAT WE MAY FILE FOR OUR WORKERS COMP EXEMPTION, AND LOOK FORWARD TO A PROSPEROUS FUTURE WITH YOUR HELP.

Sincerely



VICE PRES.