

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 APR 24 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (11/10)

DOCUMENT # **P08000102395**

1 Corporation Name
EXACT CONTRACTORS INC

2. Principal Office Address - No P.O. Box # 5251 BENTON ST		3. Mailing Office Address 5251 BENTON ST	
Suite Apt. #, etc		Suite Apt. #, etc	
City & State LEHIGH ACRES		City & State LEHIGH ACRES	
FLORIDA		FLORIDA	
Zip 33971	Country USA	Zip 33971	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 02/18/2008	
5. FEI Number 26-3741641	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED CHECK INCLUDED	
\$875 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
MICHAEL P. TAILLEFER

Street Address (P.O. Box Number is Not Acceptable)
5251 BENTON ST

Suite Apt #, Etc

City
LEHIGH ACRES

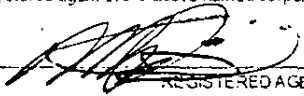
State
FL

Zip Code
33971

600247152236
04/24/13--01003--021 **8.75

600247152236
04/24/13--01003--020 **1050.00

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  Date **04/17/2013**

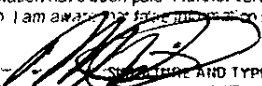
REGISTERED AGENT MUST SIGN

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
OWNER	MICHAEL P. TAILLEFER	5251 BENTON ST. LEHIGH ACRES	LEHIGH ACRES, FL. 33971

10. E-mail Address: **MICHAELTAILLEFER@YAHOO.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:  **MICHAEL P. TAILLEFER** Date **04/17/2013** Daytime Phone # **239-784-8747**