

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000048692

1. Corporation Name

GROSZ & STAMPER CONSTRUCTION CO., INC.

Principal Place of Business

Mailing Address

9310 N 16TH ST
TAMPA FL 33612

9310 N 16TH ST
TAMPA FL 33612

FILED
00 DEC -7 PM 5:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 07/06/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3190644	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STAMPER, NEAL E	9310 N 16TH ST	TAMPA FL 33612
P	STAMPER, NEAL E.	9310 N 16TH ST.	TAMPA FL
VP	GROSZ, TIMOTHY L.	9310 N 16TH ST.	TAMPA FL
S	GROSS, TIMOTHY L.	9310 N. 16TH ST.	TAMPA FL
T	STAMPER, NEAL E.	9310 N. 16TH ST.	TAMPA FL
			400003510874-1 -12/21/00--01086--002 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~STAMPER, NEAL E~~
~~9310 N 16TH ST~~
~~TAMPA FL 33612~~
Timothy Grosz
9310 N.16th Street
Tampa, FL 33612

9. Name and Address of New Registered Agent

REINSTATEMENT 2000
Name
Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 11/06/00

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., 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 under section 119.07(3)(i), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/06/00

Daytime Phone #