

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 NOV 28 11 9:43

DOCUMENT # P93000066360

1. Corporation Name

Calusa Construction Incorporated of  
Central Florida

2. Principal Office Address

1860 Mohican Trail

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 941374

Suite, Apt. #, etc.

City & State

Maitland, FL

City & State

Maitland, FL

Zip

32751

Country

USA.

Zip

32794

Country

USA.

REINSTATEMENT  
CR2E081 (12/05) 0301

4. Date Incorporated or Qualified  
To Do Business in Florida

9/20/1992

5. FEI Number

59-3208066

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

William D. Barbara

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

1860 Mohican Trail

Suite, Apt. #, Etc.

City

Maitland

State

FL

Zip Code

32751

600082101596  
11/28/06 01034 025 \*\*\*500.00

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

REGISTERED AGENT MUST SIGN

Date 11 Nov. 2006

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
President	William D. Barbara	1860 Mohican Trail	Maitland, FL 32751
Sec.	Barbara S. Barbara	832 Brookside Rd.	Maitland, FL 32751

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William D. Barbara 11-11-06 407-421-0397

Date

Daytime Phone #

NOV 28 2006

202

November 20, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
Attn: Reinstatement Division

Dear Sirs/Madames:

I am writing to request that the reinstatement fee for our corporation of Calusa Construction Incorporated of Central Florida be waived. We have not received the annual renewal notices since 2003; this fact has just come to our attention. ~~Upon~~ checking with your division, the former notices were returned to you due to the fact that the last digit of our address was dropped. Instead of sending the notices to our address at P.O. Box 941374, they were mailed to Box 94137.

Enclosed please find our corporate check in the amount of \$600 to cover our annual reports for the years 2003, 2004, 2005, and 2006. Also enclosed please find the Corporation Reinstatement form.

Would you please make sure that the address you have on file for our corporation is as follows:

Calusa Construction Incorporated of Central Florida  
P.O. Box 941374  
Maitland, FL 32794

Should you have any questions, please call me at 407-421-0397 (cell). Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'William D. Barbara', followed by a long horizontal line extending to the right.

William D. Barbara  
President  
Calusa Construction Incorporated of Central Florida  
P.O. Box 941374  
Maitland, FL 32794

Enclosures: 2