

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 26 PM 3:20

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000058275

1. Corporation Name

GIANNETTI CONTRACTING OF FLORIDA, INC.

2. Principal Office Address

2660 NW 15TH COURT

Suite, Apt. #, etc.

108

City & State

POMPANO BEACH, FL

Zip

33069

Country

BROWARD

3. Mailing Office Address

6430 SIMS ROAD

Suite, Apt. #, etc.

City & State

STERLING HEIGHTS, MI

Zip

48313

Country

MACOMB

REINSTATEMENT

05-06

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

8/05/1994

5. FEI Number

650510175

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

RICK GIANNETTI

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

2660 NW 15TH COURT

Suite, Apt. #, Etc.

108

City

POMPANO BEACH

State

FL

Zip Code

33069

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 X

Date

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
P	RICK GIANNETTI	2660 NW 15TH CT, SUITE 108	POMPANO BEACH, FL 33069

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 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: X

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 972-8104

Daytime Phone #

11/3/06

2/2

**GIANNETTI CONTRACTING OF FLORIDA, INC.
2660 N. W. 15TH COURT
POMPANO BEACH, FL 33069**

January 11, 2006

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

RE: WAIVER OF REINSTATEMENT FEE
F.E.I. #65-0510175

Dear Examiner:

We are requesting the reinstatement fee to be waived due to prior notices not being received at our current mailing address. Please find enclosed the Corporation Reinstatement Form as well as a check in the amount of \$300.00 for the 2005 and 2006 annual report fees.

If you have any questions, please contact me.

Sincerely,



RICKY GIANNETTI

enclosure