	DI FACE DEAD	ALL INCTRUCTION		AP'	PROVEU	DM	
, J.	PLICATION FOR STATEMENT	ALL INSTRUCTION FLORIDA DEPARTM Katherine Secretary of Division of Cort	IENT OF STATE <b>Harris</b> f State	1999 JU	HEETHIS FO IN 12 M 8: ! TARY OF STA TARSEE, FLOOR	ЭНМ. <b>53</b> ТЕ ХДА	•
1. Corpora	JMENT # `P94000069 tion Name Contractors, Inc.	9809		TÄLLÄI	iassee, floo		
Principal Pi 611 N	ace of Business Tampa Avenue	Mailing Address 611 N Ta	mpa Avenue		TATEM	ENT_	98-99 av
2 New Pri	odresses are incorrect in any way, line thromoipal Office Address, If Applicable  N Tampa Avenue  r, etc.	3. New Mailing Office Address	ing Office Address, If Applicable 611 N Tampa Ave		orated or Qualified ness in Florida 9,	/24/94	Applied For
<sup>Zip</sup> 3280	ndo, F1 32805 Country United State	Zip Cou s 32805 US					Not Applicable itional Fee required itificate of Status
7. Names (	nd Street Addresses of Each Officer and/ Name of Officers and/or Directors		orida nonprofit corporations must list at lea Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N		4	Cily / State / Zip	,
	Loretta Tarlbert		Tampa Aver		Orlando,		
				60 60	000029 -08/06/5 ****150 000029 -08/06/5 ****258	5324  901089  ),00 ***  5324  301089  ,75 ***	66 3001 **150.00 66 3002 **258.75
Name and Address of Current Registered Agent     Name				9. Name and Address of New Registered Agent ***500.00			
Loretta Tarlbert 414 W South Street Orlando, F1 32801			Street Address (P.O. Box Number is Not Acceptable)  611 N. Tampa Avenue Suite, Apt. W. Etc.  City  State Zip. Code				ode
10. I, being Signature of Registered	Agent	ve named corporation, am familian  the Sculbes GISTERED AGENT MUST SIGN	Orlando with and accept the o			<b>FL</b>  328 18-99	305
	is corporation owes the angible Personal Proper		. Yes	□ No Æ	(See c	other side for info on intangible tax	

12. 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 certif/ that when filling 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 it made under oath.

Loretta Tarlbert Author 5-18-99 407-841-06-81

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #