

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000086666

1. Corporation Name

PI CONSTRUCTION CORPORATION

Principal Place of Business

1260 S. INCA  
DENVER CO 80223

Mailing Address

1260 S. INCA  
DENVER CO 80223

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

2. New Principal Office Address, If Applicable

12498 Pond Springs Rd

Suite, Apt. #, etc.

Bldg A

City & State

Austin, Tx

Zip

78729

Country

USA

3. New Mailing Office Address, If Applicable

12492 Research

Suite, Apt. #, etc.

# 120-272

City & State

Austin Tx

Zip

78750

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/28/1994

5. FEI Number

84-1199992

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	MAHARIAN, GEORGE H. Clary, William	3304 PERRY LANE 12498 Pond Springs Rd Bldg A	AUSTIN TX 78791- 78729

800002143498--2

-04/15/97--01049--003

\*\*\*923.75 \*\*\*923.75

8. Name and Address of Current Registered Agent

CLARY, WILLIAM  
339 LAKE MARIETTA DRIVE WEST  
JACKSONVILLE FL 32220

9. Name and Address of New Registered Agent

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

*William Clary*

REGISTERED AGENT MUST SIGN

Date

3-31-97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
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 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)(l), 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 Clary*

3-31-97

Date

512-918-1161

Daytime Phone #

CR2E040 (7/96)