

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 16 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P94000087653*

1. Corporation Name

OMNI CONTRACTING SERVICES COMPANY

2. Principal Office Address

2930 PARKWAY ST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 6562

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

LAKELAND FL

Zip

33811

Country

USA

Zip

33807

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1994

5. FEI Number

59-3291728

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

Gerald A. Petro

200019100722

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

668 Howard Ave

*05/16/03--01013--014 **\$100.00*

Suite, Apt. #, Etc.

L

200019100722

*05/16/03--01013--015 **\$75*

City

Lakeland

State

FL

Zip Code

33815

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

[Signature]

Date *5/12/03*

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
<i>Pres</i>	<i>Gerald A. Petro</i>	<i>668 Howard Ave</i>	<i>LAKELAND, FL 33815</i>
<i>V.P.</i>	<i>Scott Petro</i>	<i>6878 Crescent Oaks Cir</i>	<i>LAKELAND, FL 33812</i>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/03

Date

863-680-1013

Daytime Phone #