

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 # P94000088989

1. Corporation Name

COORDINATED CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

518 RIDGE DRIVE  
NAPLES FL 33960

518 RIDGE DRIVE  
NAPLES FL 33960

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 34108

Country

Zip 34108

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

12/08/1994

5. FEI Number

65-0550680

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	INGHAM, JAMES R.	518 RIDGE DR.	NAPLES FL
V	FULLER, JOE M.	6130 10TH AVE SW	NAPLES FL
ST	INGHAM, JAMES R.	518 RIDGE DR.	NAPLES FL
			300002698593-4 -12/01/98-01031-020 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SALVATORI, LEO J  
4501 TAMiami TRAIL N.  
SUITE 300  
NAPLES FL 33940-3060

Name  
JAMES R. INGHAM  
Street Address (P.O. Box Number is Not Acceptable)  
518 Ridge Dr.  
Suite, Apt. #, Etc.

City Naples State FL Zip Code 34108

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11-19-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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)(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:

JAMES R. INGHAM  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-19-98 941-597-7409  
Date Daytime Phone #

CR2E040 (9/98)