## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

**DIVISION OF CORPORATIONS** 

<b>DOCUI</b>	MENT	#
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P95000010153

1. Corporation Name

SOUTHWEST FLORIDA CONSTRUCTION OF LEE COUNTY, IN

Principal Place of Business

2 New-Princip	al Office Address, If Applicable -	-3. New Mailing C	-3. New Mailing Office Address, If Applicable			
Suite, Apt. #, et	c.	Suite, Apt. #, etc.				
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City & State		City & State				
Zip	Country	Zip	Country			

FILED

02 SEP 23 AM 11:55

SECRETATO OF STATE FALLAHASSEE, FLORIDA

|--|--|

FT. MYERS FE 33903  634 SW 4th Terrica  Cape Core, FC 3399!  If above addresses are incorrect in any way, line through incore.  New Principal Office Address, If Applicable 3. New  Suite, Apt. #, etc.  Suite, A			1197 BISG/  // FT. MYERS  7 3 9 9 / ne through incorrect i -3: New Mail  Suite, Apt. #  City & State	/ Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number  65-0549978  6. CERTIFICATE OF STATUS DESIRED   S8.75 Additional Fee required for a Certificate of Status		
	and Street Ad	Name of Office		orida nonprofit c	orporations must list at lea Street Address of Each	****		
Title(s)	2 and/or Directors 3		3	Officer and/or Director		City / State / Zip		
Р	GRAHAM,	RICHARD M		1197 BISC 634		VVACC.	Cope Coral	8 FC 33591
						80	0007975 -09/24/02 ****900.00	01030020
!					na -			
	8. Nam	e and Address of Cur	rent Registered Age	ent		9. Name and A	Address of New Registers	d Agent
1197	IAM, RICHAF BISCAYNE ( YERS FL 33	RD M DR.	. Joseph August	s company of the contract of t	Street Address (P		is Not Acceptable)  HHTERA.  Ste	ate   Zip Code
0. , being ignature of egistered	i.	registered agent of th	e above named corpo	L.	liar with and accept the ob	oligations of Section	/	L 3399/

11. 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. CRAHAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR