

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P95000067199

1. Corporation Name

KIMMINS SPECIALTY CONTRACTING, INC.

Principal Place of Business

1501 SECOND AVENUE  
TAMPA FL 33605

Mailing Address

1501 SECOND AVENUE  
TAMPA FL 33605

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

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

08/30/1995

5. FEI Number

59-3339133

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)     | Name of Officers<br>and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip        |
|--------------|--------------------------------------|---|---------------------------|
| <del>D</del> | <del>RIDINGS, BARRY W</del>          | <del>1501 SECOND AVENUE</del>                     | <del>TAMPA FL 33605</del> |
| <del>D</del> | <del>FINN, R. DONALD</del>           | <del>1501 SECOND AVENUE</del>                     | <del>TAMPA FL 33605</del> |
| PCEO         | WILLIAMS, FRANCES M                  | 1501 SECOND AVENUE                                | TAMPA FL 33605            |
| V            | SIMON, JOHN V JR.                    | 1501 SECOND AVENUE                                | TAMPA FL 33605            |
| S            | WILLIAMS, JOSEPH M                   | 1501 SECOND AVENUE                                | TAMPA FL 33605            |
| <del>T</del> | <del>DOMINIAK, NORMAN G</del>        | <del>1501 SECOND AVENUE</del>                     | <del>TAMPA FL 33605</del> |

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

Joseph M. Williams

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

1501 Second Ave. E.

Suite, Apt. #, Etc.

City

Tampa

000003482050--6

11/30/99 State 0005-005

\*\*\*750 FL 33605

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

10/31/00

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.

SIGNATURE:

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

10/31/00 (813)248-3878  
Date Daytime Phone #