

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

97 DEC 10 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000073209

1. Corporation Name

CONSTRUCTION COST MANAGEMENT AND DESIGN, INC.

Principal Place of Business

5766 MARLBERRY DRIVE  
ORLANDO FL 32819

Mailing Address

5766 MARLBERRY DRIVE  
ORLANDO FL 32819



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/20/1995

5. FEI Number

59 3422164

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 and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	NOUSHIN GHAFFARPOUR	5766 MARLBERRY DRIVE	ORLANDO, FL 32819
			900002373809--0
			-12/16/97--01096--013
			****923.75 ****923.75
			REINSTATEMENT 96-97
			5c
			12-12-97

8. Name and Address of Current Registered Agent

• GHAFFARPOUR, NOUSHIN  
5766 MARLBERRY DRIVE  
ORLANDO FL 32819

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

GHAFFARPOUR

REGISTERED AGENT MUST SIGN

Date

DECEMBER 7, 1997

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)(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:

GHAFFARPOUR

SIGNATURE TO TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/7/97 407-647-0729

Date

Daytime Phone #