

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 APR 17 PM 1:36
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
800098010958
04/23/07--01038--013 **1058.75

DOCUMENT # 795000095831

1. Corporation Name
A + D Contractors, Inc.

2. Principal Office Address - No P.O. Box #
2725 Old Kings Rd. S

3. Mailing Office Address
336 N. 12th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Flagler Beach FL

City & State
Flagler Beach, FL

Zip Country
32136 USA

Zip Country
32136

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida **12-19-95**

5. FEI Number **65-0627446** 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
Anthony Perrotta

Street Address (P.O. Box Number is Not Acceptable)
336 N. 12th ST.

Suite, Apt. #, Etc.

City
Flagler Beach

State Zip Code
FL 32136

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date **3-14-07**

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
Pres.	Anthony Perrotta	336 N. 12th St.	Flagler Beach FL 32136

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-07

Date

Daytime Phone #