PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE <del>APRLICATION</del> Sandra B. Mortham FILED 1996 + 1997 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 FEB 25 AM II: 57 DOCUMENT # P95000096820 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA PENINSULAR CONSTRUCTION CORPORATION Principal Place of Business Mailing Address DOSO THAY. DOTH PLACE 9050 N.W. OFTH PLACE. If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 4/95 S. TAMIAMI 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 1660-A 🗯 MARIA 12/22/1995 5. FEI Number Applied For Not Applicable \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) ENGLEWOOD PL 34224 33703 D,C SUNQUIST, HARLAN R JR 800002098098--5 <del>-02/26/97--01015--0</del>01 \*\*\*\*365.00 \*\*\*\*365.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name GEORGE Street Address (P.O. Box Number is Not Acceptable JOHN KNOX ROAD MARIA TALLAMASSEE PL 32303-6643 ENGLEWOOD 10. I, being appointed the registered agent of the above named corporation, am jamiliar with and accept the obligations of Section 607.0505, F.S Signature of Registered Agent PEGISTERED AGENT MUST SIGN 11JDoes this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes L 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 filling 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. GRAPHINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date SIGNATURE:

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## PENINSULAR CONSTRUCTION CORPORATION

4195 S. Tamiami Trail, Suite 160 Venice, Florida 34293

(941) 475-1664

February 24, 1997

Ms. Marie Bartlett
Clerk Specialist
Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re:

1996 and 1997 Annual Reports and Reinstatement Form Transmittal for

Peninsular Construction Corporation

Dear Ms. Bartlett:

Would you please allow this letter to confirm our telephone conversation of this date? Our company's offices moved during 1996 from Southeast Florida to Southwest Florida. Our new address is as shown above. As a result of this physical relocation, we did not receive the annual report and notice of administrative dissolution or revocation in a timely manner from the Florida Department of State. Therefore, our application for reinstatement along with our company check in the amount of \$365.00 is enclosed herewith for processing. This form bears the corrected address and other current information for our company.

Would you please reinstate our corporation on the records of the state as an active corporation at your earliest convenience? If you require any further information or have any questions, please contact the undersigned by calling collect to (941) 475-1664.

Again, thank you for your courtesy and helpfulness in this important matter.

Very truly yours,

George B. Hamričk, Jr.

**President** 

GBH:dbh

Enclosures