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
00 NOV -3 PM 2:37

DOCUMENT # **P96000012703**

1. Corporation Name

CONSTRUCTION TRADESMEN, INC.

Principal Place of Business	Mailing Address
C/O WARLICK FASSETT AND ANTH 14 E. WASHINGTON STREET SUITE 500 ORLANDO FL 32801	C/O WARLICK FASSETT AND ANTH 14 E. WASHINGTON STREET SUITE 500 ORLANDO FL 32801

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

4. Date Incorporated or Qualified To Do Business in Florida: 02/09/1996

5. FEI Number: 59-3358751 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	SHARPE, GRANVILLE	~~405 DOUGLAS AVENUE, SUITE 1405~~	ALTAMONTE SPRINGS FL 32714
		111 Satsuma Dr.	Altamonte Springs FL 32714
			400003473484 4 -11/21/00--01111--006 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

WARLICK, FASSETT & ANTH
14 E. WASHINGTON STREET
SUITE 500
ORLANDO FL 32801

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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: President 11/1/00 407-862-3337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CONSTRUCTION TRADESMEN, INC.

November 1, 2000

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Doc. # P96000012703

Dear To whom it may concern:

The corporation was located at the 405 Douglas Ave. as shown for over 5 years. The change of address was submitted for the occupational license. We did not receive document as referenced. Please allow reinstatement without fee. Check for $150 enclosed.

Very truly yours,

Granville Sharpe Jr.
President

GS:jr

cc: Fassett, Anthony & Taylor, P.A. Mr. John Taylor

enclosure

111 Satsuma Drive Altamonte Springs, Fl 32714
Phone: (407) 862-3337 Fax: (407) 862-3737