

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 DEC 18 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000012703**

1. Corporation Name

CONSTRUCTION TRADESMEN, INC.

Principal Place of Business

**111 SATSUMA DRIVE
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**111 SATSUMA DRIVE
ALTAMONTE SPRINGS FL 32714**

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	111 SATSUMA DR	ALTAMONTE SPRINGS FL 32714

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SHARPE, GRANVILLE
111 SATSUMA DRIVE
ALTAMONTE SPRINGS FL 32714**

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/7/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Granville Sharpe
11/7/02

CONSTRUCTION TRADESMEN, INC.
111 Satsuma Drive
Altamonte Springs, Fl 32714
Phone: 407-862-3337 Fax: 407-862-3737

E-MAIL: Ctrades@aol.com

November 7, 2002

Application for reinstatement

document no. P96000012703

To whom it may concern.

I now reside at 111 Satsuma Drive, Altamonte Springs, Florida, 32714 with my son G. A. Sharpe III.

CT, Inc. had its office at 405 Douglas Ave., Altamonte Springs, Florida, 32714. The voluminous number of address changes, down size of the company, and accident, may have caused the problem. I am interested in keeping my company. FEI number 59-3358751.

Thank you,


Granville Sharpe Jr.
President