

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 FEB 22 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000051066

**1. Corporation Name**

Caithness Construction, Inc.

**2. Principal Office Address**

2438 Sonoma Dr

Suite, Apt. #, etc.

City & State

Nokomis FL

Zip

34275

Country

United States

**3. Mailing Office Address**

P.O. Box 357

Suite, Apt. #, etc.

City & State

Nokomis FL

Zip

34274

Country

United States

**REINSTATEMENT** 00-01

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6/11/1996

**5. FEI Number**

65-0673243

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

Mark Caithness

Street Address (P.O. Box Number is Not Acceptable)

607 Four Bays Drive

Suite, Apt. #, Etc.

City

Nokomis

State

FL

Zip Code

34275

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

2-20-01

**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
0	Mark I. Caithness	607 Four Bays Dr.	Nokomis, FL 34275
0	Paula M. Caithness	607 Four Bays Dr	Nokomis, FL 34275

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\*\*\*\*900.00 \*\*\*\*900.00

**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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark I. Caithness

Date

2-20-01

Daytime Phone #

(941) 493-9296

CR2E081 (9/00)