

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **196000057123**

1. Corporation Name
THE Construction Company of Naples, Inc.

FILED

99 SEP -9 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3898 N. Tamiami Trail #204 **P.O. Box 8745**
NAAPLES, FL 34103 **NAAPLES, FL 34101**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
3898 N. Tamiami Trail #204

3. New Mailing Office Address, If Applicable
P.O. Box 8745

4. Date Incorporated or Qualified To Do Business in Florida
7-3-96

City & State
NAAPLES, FL

City & State
NAAPLES, FL

5. FEI Number
65-0677347

Applied For
Not Applicable

Zip Country
34103 USA

Zip Country
34101 USA

6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.	Buddie L. Salsbury	740 LAUDMARK DRIVE	NAAPLES, FL 34104
Treas.	ARON B. Salsbury	637 West Ave.	NAAPLES, FL 34108

REINSTATEMENT 97-99 TS

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*****1058.75 ***1058.75**

8. Name and Address of Current Registered Agent

ARON B. Salsbury
637 West Ave.
NAAPLES, FL 34108

9. Name and Address of New Registered Agent

Name **ARON B. Salsbury**
Street Address (P.O. Box Numbers Not Acceptable)
637 West Ave
Suite, Apt., etc.
City **NAAPLES** State **FL** Zip Code **34108**

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 **Aron B. Salsbury**

Date **9-7-99**

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

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 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

ARON B. Salsbury

Date

9-7-99

Daytime Phone #

(941)

430 3550

CR2E081 (12-98)