

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

**FILED**

99 SEP -9 AM 9:53

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **196000057123**  
 1 Corporation Name  
**THE Construction Company of Naples, Inc.**

Principal Place of Business Mailing Address  
**3898 N. TAMiami TRAIL #204 NAPLES, FL 34103** **P.O. Box. 8745 NAPLES, 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 <b>3898 N. TAMiami TRAIL #204</b>	3. New Mailing Office Address, If Applicable <b>PO BOX 8745</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>7-3-96</b>
City & State <b>NAPLES, FL</b>	City & State <b>NAPLES, FL</b>	5. FEI Number <b>65-0677347</b>
Zip <b>34103</b>	Zip <b>34101</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Country <b>USA</b>	Country <b>USA</b>	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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.	<b>Buddie L. Salsbury</b>	<b>740 LAUDMANK DRIVE</b>	<b>NAPLES, FL 34104</b>
Treas.	<b>ARON B. Salsbury</b>	<b>637 West Ave.</b>	<b>NAPLES, FL 34108</b>
<b>REINSTATEMENT 97-99 TS</b>			
300002988103--1 -09/15/99--01077--010 ***1058.75 ***1058.75			

8. Name and Address of Current Registered Agent <b>ARON B. Salsbury 637 West Ave. NAPLES, FL 34108</b>	9. Name and Address of New Registered Agent Name <b>ARON B. Salsbury</b> Street Address (P.O. Box Numbers Not Acceptable) <b>637 West Ave</b> Suite, Apt., Etc. <b>N/A</b> City <b>NAPLES</b> State <b>FL</b> Zip Code <b>34108</b>
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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 **[Signature]** 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]** **ARON B. Salsbury** Date **9-7-99** Daytime Phone # **(941) 430-3550**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E08T (12/98)