

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000057123

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

10265 N. TAMiami TRAIL

Suite, Apt. #, Etc.

Suite #7

City & State

NAPLES, FL

Zip

34108

Country

USA

3. New Mailing Office Address, If Applicable

10265 N. TAMiami TRAIL

Suite, Apt. #, Etc.

Suite #7

City & State

NAPLES, FL

Zip

34108

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/03/1996

5. FEI Number

65-0677347

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SALSBURY, AARON B	627 WEST AVE.	NAPLES FL 34108
<del>T</del>	<del>SALSBURY, BUDDIE L</del>	<del>740 LANDMARK DRIVE</del>	<del>NAPLES FL 34108</del>
T	SALSBURY, JAMES	627 West Ave.	NAPLES, FL 34108
			400004672654--9 -11/08/01--01055--019 ****750.00 ****750.00
			REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SALSBURY, AARON B  
627 WEST AVE  
NAPLES FL 34108

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/16/01

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/01 941 594 3550

CR2E040 (8/01)