

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 24 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000057123

1. Corporation Name

THE CONSTRUCTION COMPANY OF NAPLES, INC.

Principal Place of Business

10265 N.TAMiami TRAIL
#7
NAPLES FL 34108

Mailing Address

10265 N.TAMiami TRAIL
#7
NAPLES FL 34108

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

2. New Principal Office Address, If Applicable

4375 ENTERPRISE AVE
Suite, Apt. #, etc. #B

3. New Mailing Office Address, If Applicable

4375 ENTERPRISE AVE
Suite, Apt. #, etc. #B

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

Zip

34104

Country

USA

Zip

34104

Country

USA

REINSTATEMENT

03

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	SALSBURY, AARON B	627 WEST AVE.	NAPLES FL 34108
			400024993544 11/25/03--01002--009 **750.00

8. Name and Address of Current Registered Agent

SALSBURY, AARON B
627 WEST AVE
NAPLES FL 34108

9. Name and Address of New Registered Agent

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/10/03

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

[Signature]
SALSBURY, AARON B

Date

10/10/03

Daytime Phone #

(239)

4303550

CR2ED40 (7/03)