

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 18 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000010719

1. Corporation Name

SITE IMPROVEMENT & CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

~~520 JEFFERSON DR.~~

~~APT. 102~~

~~DEERFIELD BEACH FL 33442~~

~~US~~

~~P.O. BOX 1852~~

~~BOCA RATON FL 33429-1852~~

~~US~~



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

816 S.E. 12 ST.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL.

City & State

Zip

33316

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/1997

5. FEI Number

65-0724501

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
P	TAGLIERO, PAUL	520 JEFFERSON DR. 816 S.E. 12 ST.	DEERFIELD BEACH FL 33442 FT. LAUDERDALE, FL. 33316

8. Name and Address of Current Registered Agent

TAGLIERO, PAUL

520 JEFFERSON DR. 816 S.E. 12 ST.

~~APT. 102~~

DEERFIELD BEACH FL 33442 FT. LAUDERDALE

FL. 33316

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/12/02

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

12/12/02

Daytime Phone #

786-2365678

CR20040 (8/02)