PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P97000015196**

1. Corporation Name

JULIANO CONSTRUCTION CORPORATION

Principal P	lace of Busin	ess	Mailing Addr	Mailing Address				7 ลิศาลักการลูก		
24 VAMBLEDON LAKE DRIVE PLANTATION FL 33324			24 WIMBLEDON LAKE DRIVE PLANTATION FL 33324							
9 I	V				. 80	0025312 03-01014-007	<u>'028</u>			
If above a	addresses are	incorrect in any way, line t	hrough incorrect i	information a	and enter	correction below.	14700/	.naaini.4nn	7 **750.00	
2. New Pr	incipal Office	Address, If Applicable	3. New Mail	3. New Mailing Office Address, If A				orated or Qualified ness in Florida	02/11/1997	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. FEI Numbe	r	Applied For	
City & State			City & State					65-0749915	Not Applicable	
Zip	Country		Zip	Zip Countr		y	6. CERTIFICATE OF STATUS DESIRED (\$8.75 Additional Fed for a Certificate of		\$8.75 Additional Fee require for a Certificate of Status	
7. Names	and Street Ac	dresses of Each Officer and	d/or Director (Flo	rida nonpro	fit corpora	tions must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
PSD	JULIANO, ENRICO SR			24 WIMBLEDON LAKE DRIVE				PLANTATION FL 33324		
S	WOOLEVER, SUSAN			24 WIMBLEDON LAKE DRIVE				PLANTATION FL 33324		
VP	JULIANO,	24 WIMBLEDON LAKE DR				PLANTATION FL 33324				
							"			
				-						
8. Name and Address of Current Registered Agent					9. Name an			d Address of New Registered Agent		
a company of the comp						Name				
JULIANO, ENRICO SR 24 WIMBLEDON LAKE DRIVE					Street Address (P			O. Box Number is Not Acceptable)		
PLANTATION FL 33324				Suite, Apt. #, Etc.					, , ,	
					City			State Zip Code		
10. I, being	appointed th	e registered agent of the ab	ove named corpo	oration, am f	amiliar wi	th and accept the ob	ligations of Secti	on 607.0505, F.S. or 617.0	0505, F.S.	
Signature o Registered	Agent X	Quice fr	Clicur REGISTERED AG	ENT MUST	SIGN	* *		Date ///28	103	
this rein	statement ap	officer or director or the rece plication, the reason for diss	eiver or trustee er solution has been	mpowered to	execute the corpo	rate name satisfies t	he requirements	of section 607.0401 or 61		

Q Enrico Juliano 11/28/03/95
SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.