

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 Place of Business

24 WIMBLEDON LAKE DRIVE
PLANTATION FL 33324

Mailing Address

24 WIMBLEDON LAKE DRIVE
PLANTATION FL 33324

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/1997

5. FEI Number

65-0749915

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

FILED
03 DEC -8 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



800025312028
12/08/03--01014--007 **750.00

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	4 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, MICHAEL	24 WIMBLEDON LAKE DR	PLANTATION FL 33324

8. Name and Address of Current Registered Agent

JULIANO, ENRICO SR
24 WIMBLEDON LAKE DRIVE
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

Enrico Juliano
REGISTERED AGENT MUST SIGN

Date 11/28/03

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:

Enrico Juliano
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/03/9542362230
Date Daytime Phone #

CR2E040 (7/03)