

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN -4 PM 2:30

DOCUMENT #

P97000081862

1. Corporation Name

Construction Services of Central
Florida, Inc.

2. Principal Office Address

113 Carlyle Circle

3. Mailing Office Address

P.O. Box 309

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor, Florida

City & State

Ozona, Florida

Zip

34683

Country

Pinellas

Zip

34660

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

9/15/97

5. FEI Number

59-3471202

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert D. Warden Jr.

200004474422--3

Street Address (P.O. Box Number is Not Acceptable)

113 Carlyle Circle

-07/13/01--01047-017

****750.00 **** 50.00

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34683

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

5/29/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Robert D. Warden, Jr.	113 Carlyle Circle Palm Harbor, FL 34683	Palm Harbor, FL 34683

10. 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)(l), 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]

Robert D. Warden, Jr.

5/29/01

(727) 773-0905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)