

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #** P98000005549

**1. Corporation Name**

Construction Labor Corporation

**2. Principal Office Address**

5627 Atlantic Blvd.

**3. Mailing Office Address** c/o MK Haney

Squire, Sanders & Dempsey

**Suite, Apt. #, etc.**

Suite #6

**Suite, Apt. #, etc.**

201 North Franklin Street  
Suite 2100

**City & State**

Jacksonville, FL

**City & State**

Tampa, FL

**Zip**

32207

**Country**

USA

**Zip**

33602

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1/16/98

**5. FEI Number**

59-3488749

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ **YES**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Andrew Service Corporation of Florida

300004769913-4

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

201 South Biscayne Blvd.

01/11/02-01062-003

\*\*\*\*758.75 \*\*\*\*758.75

**Suite, Apt. #, Etc.**

2900 Miami Center

**City**

Miami

**State**

FL

**Zip Code**

33131

**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**

Luis Reiter REGISTERED AGENT MUST SIGN Vice President

**Date** December 28, 2001

**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
GM	E. Michael Kahoe	5627 Atlantic Blvd., #6	Jacksonville, FL 32207
P	E. Michael Kahoe, Jr.	15316 Clifton Blvd.	Lakewood, OH 44107

**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)(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

E. Michael Kahoe, Gen. Mgr.

**Date**

**Daytime Phone #**