

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

2001

LIBR

FILED

01 MAY 29 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P98000013380

1. Corporation Name

SOUTH BAY CONSTRUCTION MGT INC

2. Principal Office Address

10061 BOYDTON PL CR

Suite, Apt. #, etc.

3. Mailing Office Address

SPM

Suite, Apt. #, etc.

City & State

BOYDTON BCH FL

City & State

Zip

Country

Zip

Country

33437

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/10/98

5. FEI Number

74-2877404

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

Business Filings Incorporated

AR 2001

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

1 E. Broward Blvd.

700004326427

-03/21/01--01029--017

Suite, Apt. #, Etc.

Suite 700

****937.50 ****150.00

City

Fort Lauderdale

State

FL

Zip Code

33301

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]

Date 3/26/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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	HARRY J TORNETTA	10061 BOYDTON PL CR	BOYDTON BCH FL 33437

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

3/19/01 561 216 4877

Date

Daytime Phone #

CR2E081 (9/00)