

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 JAN 10 PM 2:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P98000018959**
1. Corporation Name
Conidaris Builders + General Contractors, Inc.
W - 29937

2. Principal Office Address
15645 Pine Ridge Rd.
Suite, Apt. #, etc.
City & State
FT. MYERS, FL.
Zip
33908 Country
U.S.A.

3. Mailing Office Address
15645 Pine Ridge Rd
Suite, Apt. #, etc.
City & State
FT. MYERS, FL.
Zip
33908 Country
U.S.A.

REINSTATEMENT 09-2001

4. Date Incorporated or Qualified To Do Business in Florida
2-26-1998

5. FEI Number
65-0818313
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
Michael Conidaris

Street Address (P.O. Box Number is Not Acceptable)
7918 Sandelwood Cir. West

Suite, Apt. #, Etc.
100003568551-9
-01/24/01--01005--001
*****1050.00 ***1050.00**

City
FT. MYERS State
FL Zip Code
33908

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
Michael Conidaris Date
12-12-00

REGISTERED AGENT MUST SIGN

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
D	Michael Conidaris	7918 Sandelwood Cir. West	FT. MYERS, FL. 33908

KE

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: **Michael Conidaris** Date
12/12/00 (941-356-7770)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E031 (9/99)