

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 31 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000029876

1. Corporation Name

MANAGER

WILLIAM J. SHENDELL CONSTRUCTION, INC.

700005763897--8

-06/12/02--01077--017

****308.75 ****308.75

2. Principal Office Address

12206 OLD COUNTRY ROAD

Suite, Apt. #, etc.

City & State

WELLINGTON, FLORIDA

Zip

33414

Country

U.S.A.

3. Mailing Office Address

12206 OLD COUNTRY ROAD

Suite, Apt. #, etc.

City & State

WELLINGTON, FLORIDA

Zip

33414

Country

U.S.A.

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

03/28/98

5. FEI Number

65-0839252

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

WILLIAM J. SHENDELL

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

12206 OLD COUNTRY ROAD

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

8.75 - Cert
201.25 - AR

10.00 - AR ARTS

88.75 - AR Supp

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

William J. Shendell

REGISTERED AGENT MUST SIGN

Date

5/21/02

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
P	WILLIAM J. SHENDELL	12206 OLD COUNTRY ROAD	WELLINGTON FL 33414
V.P.	WILLIAM J. Shendell	"	"
Sec.	WILLIAM J. SHENDELL	"	"

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:

W J Shendell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/5/02

Daytime Phone #

CR2E081 (8/00)