

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P98000042409

1. Corporation Name

THE NICUSANTI BUILDING CORPORATION

Principal Place of Business

2120 HARBOR ROAD
NAPLES FL 34104

Mailing Address

2120 HARBOR ROAD
NAPLES FL 34104

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/11/1998

5. FEI Number

45-0835492

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$675 Additional fee required for a Certificate of Status

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

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|----------------------|
| D | NICUSANTI, WILLIAM T | 2120 HARBOR ROAD | NAPLES FL 34104 |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | SP |

8. Name and Address of Current Registered Agent

NICUSANTI, WILLIAM T
2120 HARBOR ROAD
NAPLES FL 34104

9. Name and Address of New Registered Agent

Name
Nicusanti, William T.
Street Address (P.O. Box Number is Not Acceptable)
2120 HARBOR RD
Suite, Apt. #, Etc.

City
NAPLES

State
FL

Zip Code
34104

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/13/99

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/99
Date

941-572-1380
Daytime Phone #

Nicusanti Building Corp.

P.O. Box 689
Naples, Florida 34106
Phone 941-417-8595
Fax 941-417-8596

(2)

October 20, 1999

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Fl. 32314-6327

Attn. Stacy.

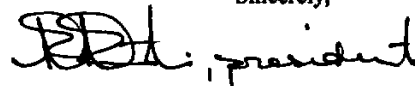
To whom it may concern,

I am returning the annual report reinspection with no check as directed by Stacy. Upon receiving my second notice with a request for \$ 400.00 for late fee I had questions. I had not received the first notice in January. When I received the second notice in May, I called and spoke with John G. I was directed to send the application along with the \$ 150.00 annual fee. John G. had said the day I called was filled with calls regarding non-receipt of the 1st report request.

I hope this matter has now been corrected, and the Nicusanti Building Corp. is in good standing with the State of Florida.

If there are any questions regarding this matter, please do not hesitate to contact me.

Sincerely,



Wm. Todd Nicusanti, president