

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 FEB 19 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000074241

1. Corporation Name

PEPE AND TOM CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

6101 S DIXIE HWY
WEST PALM BEACH FL 33405

6101 S DIXIE HWY
WEST PALM BEACH FL 33405



REINSTATEMENT

0001

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/1998

5. FEI Number

65-0873814

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MINUTO, THOMAS	332 BANYAN BLVD 6101 SOUTH DIXIE HWY	WEST PALM BEACH FL 33405

600003783056--3

02/27/01-01093-016

****900.00 ****900.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MINUTO, THOMAS
332 BANYAN BLVD
WEST PALM BEACH FL 33405

Name

THOMAS MINUTO

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

6101 S. DIXIE HWY.

Suite, Apt. #, Etc.

WEST PALM BEACH FLA. 33405

City

State

Zip Code

FL

33405

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

Thomas Minuto

REGISTERED AGENT MUST SIGN

Date

2-14-01

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:

Thomas Minuto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/22/01

Daytime Phone #

561-493-1003

\$900

CR2E040 (8/00)