

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000083046**

1. Corporation Name

BGH CONSTRUCTION, INCORPORATED

2. Principal Office Address  
8415 BOXWOOD DR.

Suite, Apt. #, etc.

City & State  
TAMPA, FL.

Zip  
33615

Country  
USA

3. Mailing Office Address  
8415 BOXWOOD DR.

Suite, Apt. #, etc.

City & State  
TAMPA, FL.

Zip  
33615

Country  
USA

FILED

04 AUG 27 PM 5:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900040589719  
08/27/04--01072--008 \*\*1050.00

4. Date Incorporated or Qualified  
To Do Business in Florida JAN. 6, 1999

5. FEI Number  
593543874

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**7. Name and Address of Current Registered Agent**

Name  
RONALD D. BODNAR

Street Address (P.O. Box Number is Not Acceptable)  
8415 BOXWOOD DR.

Suite, Apt. #, Etc.

City  
TAMPA

State Zip Code  
FL 33615

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

*Ronald D. Bodnar*

REGISTERED AGENT MUST SIGN

Date AUG. 26, 2004

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	RONALD D. BODNAR	8415 BOXWOOD DR.	TAMPA, FL. 33615
VP	RICHARD C. GUERTIN	30953 PASCO RD.	SAN ANTONIO, FL. 33576

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: *RONALD D. BODNAR*  
*Ronald D. Bodnar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUG. 26, 2004 813-918-8943

Date Daytime Phone #

CR25081 (01/04)