

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

00 OCT 17 PH 4: 07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P99000015139

1. Corporation Name

CASARELLI CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

13197 DORAL AVE.
 PORT CHARLOTTE FL 33953

13197 DORAL AVE.
 PORT CHARLOTTE FL 33953

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

4. Date Incorporated or Qualified To Do Business in Florida

02/16/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0901385

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres.	ANTHONY J. CASA	13197 Doral Ave	Port Charlotte Fl. 33953
VP	JOHN D. CASA	13197 Doral Ave	Port Charlotte Fl. 33957
			300003455553--9 -11/07/00--01087--022 7500000.00 *****750.00
			300003455553--9 -11/07/00--01087--022 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASA, JOHN
 13197 DORAL AVE.
 PORT CHARLOTTE FL 33953

Name

SAM

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

Suite, Apt. #, Etc.

City

State
 FL

Zip Code

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

Date

10/10/00

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:

John D. Casa
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/00
 Date

941-628-4527
 Daytime Phone #

CR2E040 (8/00)