

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2005 NOV -2 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000015139

1. Corporation Name

CASARELLI CONSTRUCTION, INC.

2. Principal Office Address

13197 Doral Ave.

Suite, Apt. #, etc.

City & State

Port Charlotte FL

Zip

33953

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

**REINSTATEMENT** 01-05

4. Date Incorporated or Qualified To Do Business in Florida

2/16/1999

5. FEI Number

65 0901385

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

John Casa

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

13197 Doral Ave.

Suite, Apt. #, Etc.

City

Port Charlotte, FL

State

FL

Zip Code

33953

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

*[Handwritten Signature]*

Date

10/23/05

REGISTERED AGENT MUST SIGN

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	Anthony J. Casa	13197 Doral Ave.	Port Charlotte, FL 33953
V	John Casa	13197 Doral Ave.	Port Charlotte, FL 33953

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*  
JOHN J. CASA VP.

Date

10/23/05 941-628-6519

Daytime Phone #

*[Handwritten initials]*