

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 14 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P-99000039779**

1. Corporation Name

**Specialty Construction Consul-
tants, Inc.**

2. Principal Office Address

**6026 W. Linebaugh
Avenue**

City & State

Tampa FL

Zip **33625**

Country

USA

3. Mailing Office Address

**10401 Green-
hedges drive**

City & State

Tampa FL

Zip **33626**

Country

USA

REINSTATEMENT 00-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3577506

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

Apr 28, 1999

7. Name and Address of Current Registered Agent

Name

Esg. Ira L. Libanoff

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

150 S. Pine Island Road

Suite, Apt. #, Etc.

Apt 400

City

Plantation

State
FL

Zip Code

33324

100037949131

06/15/04--01014--017 **1350.00

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

REGISTERED AGENT MUST SIGN

Date

6/11/04

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	Henny M. Verkyk	10401 Greenhedges Dr.	Tampa, FL 33626
VP	Robert J. Verkyk	10401 Greenhedges Dr.	Tampa, FL 33626

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:

Henny M. Verkyk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06/9/04

Daytime Phone #

CR2E081 (01/04)