

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUL 16 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P9900041809

1. Corporation Name

MIKPAR CONSTRUCTION, INC.

2. Principal Office Address

15015 Arbor Hollow Drive

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ODESSA FL

City & State

Zip

33556

County

HILLSBOROUGH

Zip

Country

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

MAY 3, 1999

5. FEI Number

☒ 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

MICHAEL PARISI Jr.

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

15015 Arbor Hollow Drive

Suite, Apt. #, Etc.

City

ODESSA

State
FL

Zip Code

33556

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

Michael Parisi Jr.

REGISTERED AGENT MUST SIGN

Date

July 11, 2001

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
PRES.	MICHAEL PARISI Jr.	15015 Arbor Hollow Dr.	Odessa, FL 33556
SEC	DOLLEY A. PARISI	15015 Arbor Hollow Dr.	Odessa, FL 33556
TREAS	MICHAEL PARISI Jr.	15015 Arbor Hollow Dr.	Odessa, FL 33556

REINSTATEMENT

99-01

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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:

Michael Parisi Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/11/01

Daytime Phone #

(407) 390-3890