

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

**CORPORATION
REINSTATEMENT**



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

02 JUL -5 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300006532549--1
-07/19/02--01058--009
****450.00 ****450.00

DOCUMENT # 99000092271
1. Corporation Name
EMPIRE CONSTRUCTION INC. OF
S.W. FLORIDA

2. Principal Office Address
23255 Fullerton Ave
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 494155
Suite, Apt. #, etc.

City & State
PT. Charlotte, FL
Zip
33980
Country
Charlotte

City & State
PT. Charlotte
Zip
33949
Country
Charlotte

4. Date Incorporated or Qualified
To Do Business in Florida 10/19/99
5. FEI Number
65-0971252
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED

00-02 UBR

7. Name and Address of Current Registered Agent
Name
SAM Schmutzler
Street Address (P.O. Box Number is Not Acceptable)
23255 Fullerton Ave
Suite, Apt. #, Etc.
City
PT. Charlotte
State
FL
Zip Code
33980

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.
Signature of Registered Agent
[Signature]
REGISTERED AGENT MUST SIGN
Date 6-18-02

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres</u>	<u>Toni Schmutzler</u>	<u>23255 Fullerton</u>	<u>PT. Charlotte, FL 33980</u>

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)(X), 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] Toni Schmutzler 6-18-02 (941-743-0172)
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR
Date
Daytime Phone #

CR25081 (07/00)