

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 SEP 25 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

502957

1. Corporation Name

ASSOCIATED CONTRACTORS  
OF WEST COAST FLORIDA, INC.

2. Principal Office Address

P.O. Box 46361

3. Mailing Office Address

P.O. Box 46361

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETE BEACH, FL

City & State

ST. PETE BEACH, FL

Zip

33741

Country

PINELLAS

Zip

33741

Country

PINELLAS

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3275057

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

MARK A. DE HUI

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

102 - 8TH AVE

Suite, Apt. #, Etc.

APT. # 6

City

ST. PETE BEACH

800003417168-8

10/06/00-01087-022

\*\*\*1358.75 \*\*\*1358.75

State

FL

Zip Code

33706

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

*[Signature]*

REGISTERED AGENT MUST SIGN

22 Sept 2000

Date

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/DIRECTOR	MARK-A. DE HUI	102 - 8TH AVE #6	ST. PETE BEACH FL 33706
V.PRES.	DAVID L. LSON	3112 Wolfe Rd.	CLEARWATER, FL 33759

REINSTATEMENT 96-001TS

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 Sept. 00 (727) 743-8701

Date

Daytime Phone #

CR2E081 (9/99)