

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT -6 PM 3:19

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S13602

1. Corporation Name

Enterprise Construction, Inc.

2. Principal Office Address

847 N. Collier Blvd.

Suite, Apt. #, etc.

City & State

Marco Island, FL

Zip

34145

Country

USA

3. Mailing Office Address

847 N. Collier Blvd.

Suite, Apt. #, etc.

City & State

Marco Island, FL

Zip

34145

Country

USA

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

11/16/90

5. FEI Number

650229976

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

Daniel J. Dufault, Sr.

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

847 N. Collier Blvd.

Suite, Apt. #, Etc.

City

Marco Island,

State

FL

Zip Code

34145

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

Daniel J. Dufault
REGISTERED AGENT MUST SIGN

Date

9/29/03

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
PST	Daniel J. Dufault, Sr	847 N. Collier Blvd.	Marco Island, FL 34145

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:

Daniel J. Dufault
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel J. Dufault, Sr

Date

09/29/03 (239) 394-8718

Daytime Phone #