

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 JUL -9 PM 4:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **563013**
 1. Corporation Name
Certified Structural Services, Inc.

Principal Place of Business Mailing Address
29310 Taralane Drive **SAME**
Punta Gorda, FL 33982

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 6/28/91	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0279238	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/T	Keesling, Kirt R.	29310 Taralane Drive	Punta Gorda, FL 33982
D	Keesling, Kirt R.	29310 Taralane Drive	Punta Gorda, FL 33982

REINSTATEMENT 93-118
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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Kevin C. Shirley Barnett Bank Building 126 East Olympia Av. Suite 304 Punta Gorda, FL 33950		Name 800002587498-5 07/14/98-01008-011 Street Address (P.O. Box Number is Not Acceptable) ***1500.00 ***1500.00 Suite, Apt. #, Etc. City State Zip Code FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent _____ Date **July 4, 1998**
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: _____ Date **7/1/98** Daytime Phone # **941-693-7888**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (1/2/96)