

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S87248

1. Corporation Name

FOGLIA CONTRACTING CORP.

2. Principal Office Address - No P.O. Box #

622 BEACHLAND BLVD

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite # 203

Suite, Apt. #, etc.

City & State

Vero Beach

City & State

Zip

32963

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/1991

5. FEI Number

650294279

☐ 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

Joseph M. Foglia

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

622 BEACHLAND BLVD

Suite, Apt. #, Etc.

Suite # 203

City

Vero Beach

State

FL

Zip Code

32963

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

REGISTERED AGENT MUST SIGN

Date

6.15.12

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
PD	Joseph M. Foglia	622 BEACHLAND BLVD	Vero Beach, FL 32963
	REINSTATEMENT		EXAMINER
	2010-12		2012 - NOV
			S. HAWKES

10. E-mail Address: **IF33067@AOL.COM**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.15.12

Date

Daytime Phone #

9544446125

FILED
12 JUN 19 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

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06/19/12-01024-019 **1050.00