

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PDB1

FILED

05 FEB 15 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # U24444

1. Corporation Name

ONORATO CONSTRUCTION INC

2. Principal Office Address

1335 SE 12th Ter

Suite, Apt. #, etc.

3. Mailing Office Address

1335 SE 12th Ter

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

Cape Coral FL

Zip

33990

Country

Lee

Zip

33990

Country

Lee

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

7/17/1986

5. FEI Number

59-2695469

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

Silvino Onorato

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

1335 SE 12th Ter

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33990

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

Silvino Onorato

REGISTERED AGENT MUST SIGN

Date Feb 15 2005

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
P/VP S/T	Silvino Onorato	1335 SE 12 th Ter	Cape Coral FL 33990

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: Silvino Onorato 2-15-05 239 772 4109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)

Pg 2

Feb 15, 05

I Silverio Onorato President
of Onorato Construction INC did
NOT receive The application For
renewal of The corporation.

Sil On