PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 07 HAY -2 PH 12: 01 FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT SECRETARY OF STATE TALLAHASSEE, FLORIDA DIVISION OF CORPORATIONS DOCUMENT # Angelo lafrate Construction Company 100102360721 05/15/07--01001--019 **1058.75 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 26300 Sherwood REINSTATEM 26300 Sherwood Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified 06/02/1982 To Do Business in Florida City & State City & State Applied For 38-1894432 Warren, Michigan Warren, Michigan Not Applicable ^{Zip} 48091 Zip 48091 Country 6. CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent です Corporation System The reinstatement fee is imposed, except in circumstances which the entity did not receive 1200 South Pine Island Road the prior notices. By checking this box, you are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. 33324 Plantation and accept the obligation Societion 607.0505 or 617.0503, F.S. CASSI Secretary Date 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Pres 26300 Sherwood Warren, Mi. 48091 Angelo E. lafrate **VP** 26300 Sherwood Warren, Mi. 48091 Dominic lafrate VΡ Robert C. Adcock 26300 Sherwood Warren, Mi. 48091 Treas Don Bonaventure 26300 Sherwood Warren, Mi. 48091 Sec Chris Hamrick 26300 Sherwood Warren, Mi. 48091 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 peen paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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: