

MAY-18-2006 14:40

CT CORPORATION

APPROVED AND FILED 4048886498 P.02/02

06 MAY 10 PM 4:50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM SECRETARY OF STATE, TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000005379

1. Corporation Name
WL Contracting, Inc.

2. Principal Office Address
33 Market Point Drive

3. Mailing Office Address
33 Market Point Drive

Suite, Apt. #, etc.

City & State
Greenville, SC

City & State
Greenville, SC

Zip 29607 Country USA Zip 29607 Country USA

REINSTATEMENT

04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 10/28/2003

5. FEI Number 74-2817272 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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 Joan Bolde Date 05/10/06

REGISTERED AGENT MUST SIGN

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
Pres	Chad White	2260 205th Street	Fort Scott, KS 66701
VP	Travis Landman	9714 Van Dyke	Dallas, TX 75218
Sec Treas	Tim Robinson	305 Battery Boulevard	Greenville, SC 29615

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 who sign 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: Tim H. Robinson May 10, 2006 864-281-9116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/10/06

TOTAL P.02