

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT -8 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000004165

1. Corporation Name

Glover Construction Co., Inc.

(Reinstating as Glover Construction Corporation of North Carolina)

2. Principal Office Address - No P.O. Box #
4493 US 301 HWY

3. Mailing Office Address
PO Box 40

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pleasant Hill, NC

City & State
Pleasant Hill, NC

Zip
27866

Country
USA

Zip
27866

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida 07-21-1998

5. FEI Number
561180697

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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Dray Manganello
REGISTERED AGENT MUST SIGN

Date

9-11-07

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
President	John M. Glover	4493 US 301 HWY	Pleasant Hill, NC 27866
Vice President	Matthew B. Glover	4493 US 301 HWY	Pleasant Hill, NC 27866
Vice President	J. Mark Glover	4493 US 301 HWY	Pleasant Hill, NC 27866

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 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:

Matthew B. Glover

Matthew B. Glover, V.P.

9/10/07

(252) 536-2660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #