DI FACE DEAD ALL INCTDUCTIONS RECODE COMPLETING THIS FORM ?

	PL	EASE READ	ALL INST	TOC HONS BEFOR	E COMPLET	ING THIS FO	יואוי.	•
	PORATION STATEMEN	(500 August 1.600 to)	S	DEPARTMENT OF STATE of State ION OF CORPORATIONS	TE		FILED OCT 28 PM	
DOCUMENT # F99000003983 1. Corporation Name						TAL	METAKY OF LAHASSEE, F	FLORIDA
Tom Al	len Const	ruction Comp	any		29.86	STATEM	eni O	9
,			3. Mailing Of	ice Address t Oak Blvd.	ALTIN.	2 lies		
· • · ·			Suite, Apt. #, 6	rtc.	4. Date Inco	rporated or Qualified		
*			City & State	City & State Houston, TX		To Do Business in Florida 8/4/99 5. FEI Number Applied For		
Zip 62025	Country		Zip Country 77056 USA		6.	76 - 0589277 Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status		
02023							tor a Certifica	ite of Status
	7. Name and Address of Current Registered Agent Name							1
	Corporation Service Company Street Address (P.O. Box Number is Not Acceptable)					000422	87211	-
	1201 Hays Street Suite, Apt. #, Etc.							-
	City Tallahas	see		·		State Zip Code		1
8. I, being	appointed the reg	istered agent of the ab	ove named corpor	ation, am familiar with and accep	t the obligations of sec	ction 607.0505 or 617.0	503, F.S.	1/04)
Signature o Registered	f s	201		Jeanine I		Date	-28-04	CR2E081 (01/04)
9. Names	and Street Addre	sses of Each Officer ar	nd/or Director (Flo	rida nonprofit corporations must l	ist at least 3 directors)			
Titles	Name of Officers and/or Directors		s	Street Address of Each Officer and/or Director		City / State / Zip		
	(Please	see attached	Officer	& Director List)				
		· 						
		·						
		_						
							··	
10. Leartife	v that I am an offic	er or director or the rec	eiver or trustee en	npowered to execute this applicat	ion as provided for in c	hapter 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, 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 the and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

TOM ALLEN CONSTRUCTION COMPANY OFFICER & DIRECTOR LIST

Dana A. Gordon

Director, Vice President, Assistant Secretary

1360 Post Oak Blvd., Suite 2100

Houston, Texas 77056

James H. Haddox

Director, Vice President, Assistant Secretary

1360 Post Oak Blvd., Suite 2100

Houston, Texas 77056

Derrick A. Jensen

Director, Vice President, Assistant Secretary

1360 Post Oak Blvd., Suite 2100

Houston, Texas 77056

Pamela L. Kunkemoeller

Vice President, Assistant Secretary

1360 Post Oak Blvd., Suite 2100

Houston, Texas 77056

David D. Brittain

Vice President, Assistant Secretary

1360 Post Oak Blvd., Suite 2100

Houston, Texas 77056

Vincent A. Mercaldi

Assistant Secretary

1360 Post Oak Blvd., Suite 2100

Houston, Texas 77056

Nicholas M. Grindstaff

Treasurer

1360 Post Oak Blvd., Suite 2100

Houston, Texas 77056

Peter B. O'Brien

Vice President, Assistant Secretary

1360 Post Oak Blvd., Suite 2100

Houston, Texas 77056

Scot P. Fluharty

President

6218 Miller Drive

Edwardsville, IL 62025

✓ Vicky Orlet

Secretary

6218 Miller Drive

Edwardsville, IL 62025



ACCOUNT NO. : 072100000032

REFERENCE :

946502

7157369

AUTHORIZATION

COST LIMIT : \$ 750.00

ORDER DATE: October 28, 2004

ORDER TIME : 11:09 AM

ORDER NO. : 946502-005

CUSTOMER NO: 7157369

CUSTOMER: Ms. Monique Buentello

Quanta Services, Inc.

Suite 2100

1360 Post Oak Blvd Houston, TX 77056

REINSTATEMENT

NAME:

TOM ALLEN CONSTRUCTION

COMPANY

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward, Ext. 2935

EXAMINER'S INITIALS