| PLEASE READ | ALL INSTRUCTIONS BEFORE | COMPLETING THIS FORM. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| APPLICATION | FLORIDA DEPARTMENT OF STATI | Ē |
| FOR | Katherine Harris Secretary of State | ************************************** |
| REINSTATEMENT | DIVISION OF CORPORATIONS | SECRETARY OF STATE DIVISION OF CORPORATIONS |
| DOCUMENT # J46201 | 7 2404 N. | |
| 1 Corporation Name | DIXIE HWY | 99 NOV -1 PM 4: 36 |
| 2 - Moure | Survey and MANIANE | s |
| CONSTRUCTION Principal Place of Business | Mailing Address | _ |
| 2404 N. DI | | |
| WILTON MANOR | 1XIE HWY 15, FLA. 33305 | REINSTATEMENT |
| | • | ILLINO IN CIVIEN I |
| If above addresses are incorrect in any way, line thro New Principal Office Address, If Applicable | rough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable | Date Incorporated or Qualified |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | To Do Business in Fiorida 12/9/86 |
| City & State | City & State | 5. FEI Number Applied For Not Applicable |
| Zip QQ up i y | Zip Country | 6. |
| DKOWAR() | | CERTIFICATE OF STATUS DESIRED 1 for a Certificate of Status |
| Name of Officers | /or Director (Florida nonprofit corporations must list at I Street Address of Ea Officer and/or Direct | ach |
| Title(s) and/or Directors | Officer and/or Direct 3 (Do NOT Use Post Office Box | x Numbers) 4 |
| Paes James 7. B | BARBER 1012 NE 1 | 7 CT FT. LAND. FCA. 33305 |
| LINES TO THE PARTY OF THE PARTY | NIGOVI | |
| | | 5000030387851 -11/03/9901005006 ****750.00 ****750.00 |
| • • • • • • • • • • • • • • • • • • • • | RBER | 9. Name and Address of New Registered Agent s (P.O. Box Number is Not Acceptable) |
| 1012 NE 17 C | Suite, Apt. #, E | Ētc. |
| PT. LAUD. KLA. 33305 | | State Z.p Code |
| 10. 1, being appointed the registered egent of the above samp corporation, am familiar with and accept the obligations of Section 607.0505, F.S. | | |
| Signature of | 3/1- | 10/22/09 |
| Registered Agent | EGISTERED AGENT MUST SIGN | Date /0/6/19 |
| 11. This corporation owes the Intangible Personal Proper | | (See other side for information on intangible tax.) |
| this reinstatement application, the reason for dissi owed by the corporation have been paid and the | solution has been eliminated, the corporate name satisfic | 954- |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone II | | |

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