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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000042341

1. Corporation Name

Allstate Investment & Construction INC

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
165 West Trail Drive	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Same
City & State	City & State
West Palm Beach, FL	Same
Zip / Country	Zip / Country
33415 / USA	Same / Same

4. Date Incorporated or Qualified To Do Business in Florida: 04-19-2002

5. FEI Number: 04-3734894 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: Guardin Carolina

Street Address (P.O. Box Number is Not Acceptable): 165 West Trail Drive

Suite, Apt. #, Etc.:

City: West Palm Beach | State: FL | Zip Code: 33415

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Carolina Lee Guardin — REGISTERED AGENT MUST SIGN — Date: 09-25-03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
(P)	Guardin, Carolina	165 West Trail Drive	West Palm Beach FL 33415

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 under section 119.07(3)(i), 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: Carolina Lee Guardin — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Carolina Lee Guardin — Date: 9-25-03 — Daytime Phone #: (561) 502-8216

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Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

ALLSTATE INVESTMENT & CONSTRUCTION INC.

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