PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				04 M/	FILED 04 MAR 22 PM 12: 03		
DOCUMENT # P02000068277 1. Corporation Name				SECH FALLA	SECRETARY OF STATE FALLAHÁSSEE, FLORIDA		
South Florida Boring INC							
2. Principal Office Address 3. Mailing Office Address				REIN	REINSTATEMENT 03-04		
	Hyde Circle	3531 SE Hyde C	Hyde Circle			Commenter of the second of the	
Suite, Apt. #, etc. Suite, Apt. #,			4. Date Ir		orporated or Qualified usiness in Florida 6/20/02		
City & State Port Sai	int Lucie	City & State Port Saint Lucie	•		El Number		
zip 34984	Country USA	Zíp 34984	Country USA	6. CEPTIFICATE OF STATUS DESIDED S8.75 Addition		Not Applicable Additional Fee requirec a Certificate of Status	
7. Name and Address of Current Registered Agent							
A LO	Name John T. Macaluso						
	Street Address (P.O. Box Number is Not Acceptable) 3531 SE Hyde Circle 100030949751						
	"Stitle, Apt. #, Etc. (2007) Fig. 10 of the control						
hammar Henrich	Port Saint Lucie	kunkur har hädensk kurtusten. Lings har find i Heldi Agel Mingshen er anger	State Zip Code 34984	end state to be the management and			
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 Date REGISTERED AGENT MUST SIGN							
9. Names	and Street Addresses of Each Officer at	nd/or Director (Florida non	profit corporations must list a	t least 3 directors)			
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
P/D	John T. Macaluso		3531 SE Hyde Circle		Port Saint Lucie, FL 34984		
V/T	Carolyn M. Macaluso		3531 SE Hyde Circle		Port Saint Lucie, FL 34984		
s	Linda L. Macaluso		116 N Erie Dr.		Ft. Pierce, FL 34946		
	कर्ति है। स्थापन विकास कार्यक्रम कार्यक्रम कार्यक्रम कार्यक्र कार्यक्रम कार्यक्रम कार्यक्रम कार्यक्रम कार्यक्रम इस कार्यक्रम	1	is the same and the first state of the state	131 - 115 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	TO THE TOTAL CONTROL OF THE THE PROPERTY OF TH	torang activities on the terral agreement of	
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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date							

SOUTH FLORIDA BORING INC.

3531 SE Hyde Circle Port Saint Lucie, FL 34984 (561-305-0899) Macaluso6@stis.net

March 18, 2004

To whom it may concern:

I am asking that the reinstatement fee be waived due to the fact that we did not receive the notice until after the dead line date. I assume this was a problem with the mail system because we have had three new addresses. Enclosed is a check for the amount of \$308.75. Thank you in advance for your help in this matter.

Sincerely, John T Macaluso