

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



97-98
 AIR

FILED

98 AUG 31 PM 1:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 996000104390
 1. Corporation Name
SELECT MATERIALS, INC.

Principal Place of Business (OFFICE) Mailing Address
18000 LK. HATCHINEHA Rd. P.O. Box 334
HAINES CITY, FL 33844 LAKE HAMILTON FL
33851

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <u>715 ORANGE ST</u> Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable <u>P.O. Box 334</u> Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida <u>12-24-96</u>
City & State <u>Auburndale, FL</u>	City & State <u>LAKE HAMILTON, FL</u>	5. FEI Number <u>59-3415522</u>
Zip <u>33823</u>	Country	Country
Zip <u>33851</u>	Country	Country

Applied For
 Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	DONALD D. Roberts	8000 LK. HATCHINEHA Rd.	HAINES CITY, FL. 33844
SIT/V/D	JO ANN ROBERTS	8000 LK HATCHINEHA Rd.	HAINES CITY, FL 33844

600002635626
 09/09/98 01070-010-5
 ****315.00 ****315.00

SL
 9-1-98

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

Jo Ann Roberts
 8000 LK. HATCHINEHA RD
 HAINES CITY, FL 33844

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City
 State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Jo Ann Roberts REGISTERED AGENT MUST SIGN Date 8/24/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on Intangible tax.)

12. 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.

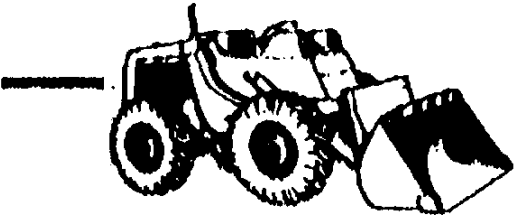
SIGNATURE: Jo Ann Roberts Jo Ann Roberts 8/24/98 941 967-0011
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR-2000 (1/98)

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SELECT MATERIALS, INC.

FILL DIRT & CLAY



August 24, 1998

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Secretary of State,

Please find enclosed the check in the amount of \$315.00 (\$165 for 1997 and \$150.00 for 1998) for reinstatement as requested per our previous phone conversation. The attorney who filed the original incorporation documents used the physical address as both physical and mailing. Since no mail can be received at the address given, I never received the corporate renewal notices.

Sincerely,

Ann Roberts
Ann Roberts