PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT -3 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300008203883--4
-10/04/02--01037--011
******8.75 ******8.75

REINSTATEMENT 01-02

DOCUMENT # P99000014702

1. Corporation Name
Ahearn Construction, Inc.

2. Principal Office Address	**3.** Mailing Office Address
5590 Canal Boulevard	5590 Canal Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Orleans, Louisiana	City & State: New Orleans, Louisiana
Zip: 70124 Country: United States	Zip: 70124 Country: United States

4. Date Incorporated or Qualified To Do Business in Florida: 9/21/2001

5. FEI Number: 72-1452883 — Applied For ☐ Not Applicable ☑

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NRAI Services,Inc.

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-10/04/02--01037--012
******300.00 ******300.00

Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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: Juanita Mahoney Date: 09/16/2002

Juanita Mahoney, Asst Sec. REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Matthew M. Ahearn	5590 Canal Boulevard	New Orleans, LA 70124

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: _____ 9/10/02 (504) 488-8276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #