PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 APR 12 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000104854

REINSTATEMENT 01-02

1. Corporation Name
BOYKIN CONSTRUCTION, INC
~~PO BOX 38~~

2. Principal Office Address	3. Mailing Office Address
116 W Center St	PO Box 38
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Minneola, FL	Minneola, FL
Zip: 34755 Country: USA	Zip: 34755 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1999

5. FEI Number: 59-3612170 — 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: Sara Lou Boykin

Street Address (P.O. Box Number is Not Acceptable): 116 W. Center St

Suite, Apt. #, Etc.:

City: Minneola State: FL Zip Code: 34755

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****900.00 ****900.00

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: Sara Lou Boykin Date: 4/9/02
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.	Kenneth C. Boykin	PO Box 38	Minneola, FL 34755
V Pres.	Jeffrey S. Boykin	Po Box 972 209 N Lkshr	Minneola, FL 34755
Treas	M. Kenneth Boykin	Po Box 38	Minneola, FL 34755

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: _____ 4/9/02 (352)394-5993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M 4/22/02