

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

00 DEC 29 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 520895

1. Corporation Name

RWB CONSTRUCTION, INC.
7536 JANA LANE NORTH (FORMERLY 1060 BLANDING BLVD.)
JAX, FL. 32210

2. Principal Office Address

7536 JANA LANE N.

Suite, Apt. #, etc.

NONE

City & State

JAX, FL.

Zip

32210

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

1991

5. FEI Number

59-3038 771

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

ROBERT W. BENJAMIN

200003582872 -- 0

-01/26/01--01159--11

****758.88****70.00

Street Address (P.O. Box Number is Not Acceptable)

7536 JANA LANE N.

Suite, Apt. #, Etc.

NONE

City

JAX

State

FL

Zip Code

32210

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

Robert W. Benjamin

REGISTERED AGENT MUST SIGN

Date 12/28/00

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.	ROBERT W. BENJAMIN	7536 JANA LANE N.	JAX, FL, 32210

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:

Robert W. Benjamin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/00
Date

(904) 771-8480
Daytime Phone #

CR2E081 (9/99)