		DI #401	- D-4D			0.10 				
	PLICAT FOR	ION	READ		A DEPAR Kather	ONS BEFORE C RTMENT OF STATE ine Harris ry of State			···	
REINSTATEMENT				DI		CORPORATIONS	FILED			
DOCUMENT # S67392							99 NOV -2 F.1 1:31			
1. Chroration Name EBB BUILDING CORPORATION							SECRET. 9.1 1:31			
ESS SOLDING SOM STATION							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Addr					ess					
POST OFFICE BOX 10301 POST OFFICE NAPLES FL 33941-0301 NAPLES FL					E BOX 10301 13941-0301					
If above addresses are incorrect in any way, line through incorrect in any way, line through incorrect in a New Principal Office Address, If Applicable 3. New Mail						nd enter correction below. dress, if Applicable	4. Date Incorp	orated or Qualified ness in Florida		
Suite, Apt. #, etc.				Suite, Apt. #, etc.			i		07/19/1991	
City & State				City & State			5. FEI Numbe	65-0448477	Applied For Not Applicable	
Zip Country			Zip Coun		Country	6. CERTIFICATE OF STATUS DESIRED St 75 Additional Continue of Status				
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Title(s)					3	Street Address of Each Officer and/or Director		4	Dity / State / Zip	
PD	BLACKBURN, EDWARD B., JR				7701 JEV	VEL LANE #104		NAPLES FL		
SD	BLACKBURN, PATRICIA				7701 JEWEL LANE #104			NAPLES FL		
								-11/09/9901062002 +***798.[79]****758.75		
					REINSTATEM		MENT_	99	.	
Name and Address of Current Registered Agent Name							9. Name and Address of New Registered Agent			
BLACKBURN, EDWARD BERNARD, JR.							P.O. Box Number is Not Acceptable)			
NAPLES FL 33942						Sulte, Apt. #, Etc.				
City						City	State Zip Code			
10. It being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.									FL	
Signature of Registered		i B	erna	SISTERED AGE	LOCK ENT MUST S	sign gr		Date	10/29/99	
11. 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.										
E. Bernard Blackburn, Jr. 941-594-0459										
SIGNATURE: Remail Bluithillin & 10/29/99 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destine Phone #										