


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 FEB 22 PM 4:07 SECY TALL 400067465114 03/09/06--01026--027 **1050.00 CR2E081 (12/05)	
DOCUMENT # S80289 1. Corporation Name SALLY BRACKETT CONSTRUCTION COMPANY					
2. Principal Office Address 1133 Park Avenue		3. Mailing Office Address 1133 Park Avenue		4. Date Incorporated or Qualified To Do Business in Florida September 16, 1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0305497	
City & State Tavares, Florida		City & State Tavares, Florida		Applied For <input type="checkbox"/> Not Applicable	
Zip 32778	Country USA	Zip 32778	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name GERALD A. BRACKETT		
Street Address (P.O. Box Number is Not Acceptable) 1133 Park Avenue		
Suite, Apt. #, Etc.		
City Tavares	State FL	Zip Code 32778

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 *Gerald A Brackett* Date 2/13/06

REGISTERED AGENT MUST SIGN

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
P/D	LYNN A. GILLETTE	455 Shady Pine Court	Minneola, FL 34715
VP/D	BRENT T. GILLETTE	455 Shady Pine Court	Minneola, FL 34715
SVP/D	GERALD A. BRACKETT	1133 Park Avenue	Tavares, FL 32778

B. 2/23/06
04-06

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 contained in Chapter 119, 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: *Gerald A Brackett* Date 2/13/06 Daytime Phone # 352-343-5592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #