

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 MAY -8 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V65030

1. Corporation Name

ARRAY CONSTRUCTION, INC.

2. Principal Office Address

3930 S. ROOSEVELT BLVD.

3. Mailing Office Address

3930 S. ROOSEVELT BLVD.

Suite, Apt. #, etc.

UNIT E 310

Suite, Apt. #, etc.

UNIT E 310

City & State

KEY WEST, FL.

City & State

KEY WEST, FL.

Zip

33040

Country

USA

Zip

33040

Country

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida

9-16-92

5. FEI Number

65-0359946

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

AXEL URBANIK

100005575371 --8

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

3930 S. ROOSEVELT BLVD

-05/21/02--01001-010

Suite, Apt. #, Etc.

UNIT E 310

***900.00 ***100.00

City

KEY WEST, FL.

State
FL

Zip Code

33040

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/5/02

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.	AARON PERKINS	3642 N. JANSSEN AVE APT # 2	CHICAGO, IL. 60613
VP	AXEL URBANIK	3930 S. ROOSEVELT BLVD UNIT E 310	KEY WEST, FL. 33040
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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

5/5/02

Daytime Phone #

CR2E081 (9/01)

5/16/02