PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY 18 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500076067545
06/12/06--01013--007 **1200.00

DOCUMENT # 240856

1. Corporation Name

Riggers & Erectors International, INC.

REINSTATEMENT 03-06

2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc. 6040 Castle Coakley		Suite, Apt. #, etc. 6040 Castle Coakley	
City & State Christiansted		City & State Christiansted	
Zip 00820	Country VI	Zip 00820	Country VI

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-0915213 ☐ 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: Steve Lewis

Street Address (P.O. Box Number is Not Acceptable): 2900 Tuxedo Ave.

Suite, Apt. #, Etc.:

City: West Palm Beach | State: FL | Zip Code: 33405

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 _____ Date 5-15-06

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
President	R S Lewis	800 NW Peacock Blvd	Port St. Lucie FL. 34988
Director	Steve Lewis	2900 Tuxedo Ave	WPB, FL. 33405
Director	Raymond Woolard	4093 Diamond Ruby Ste 7-125	Christiansted VI. 00820

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: _____ 5-15-06.

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

K. Eckel MAY 24 2006