


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  06 APR -6 PM 12:04  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # 282167</b>				
<b>1. Corporation Name</b> <b>LEHIGH BUILDING CORPORATION</b>				
<b>2. Principal Office Address</b> <b>1405 GULF WAY</b> <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Office Address</b> <b>SAME AS</b> <b>SEE #2</b> <b>PRINCIPAL</b> <b>OFFICE</b> <small>Suite, Apt. #, etc.</small>		
<b>City &amp; State</b> <b>ST. PETE BEACH FL</b>		<b>City &amp; State</b>		
<b>Zip</b> <b>33706</b>	<b>Country</b> <b>PINELLAS</b>	<b>Zip</b>	<b>Country</b>	
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <b>06/05/1964</b>		<b>5. FEI Number</b> <input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>		
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>				
<b>7. Name and Address of Current Registered Agent</b>				
<b>Name</b> <b>MICHAEL HAGEN</b>				
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>6385 PRESIDENTIAL CT</b> <b>500073456685</b>				
<b>Suite, Apt. #, Etc.</b> <b>#108</b> <b>05/01/06--01032--026 **900 00</b>				
<b>City</b> <b>FORT MYERS</b>		<b>State</b> <b>FL</b>	<b>Zip Code</b> <b>33919</b>	
<b>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.</b>				
<b>Signature of Registered Agent</b> <b>Michael Hagen</b>		<b>Date</b> <b>4/5/06</b>		
<b>REGISTERED AGENT MUST SIGN</b>				
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>				
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>	
<b>P/T/D</b>	<b>FREDERICK D. ANDERSON</b>	<b>1405 GULF WAY</b>	<b>ST PETE BEACH FL 33706</b>	
<b>S/D</b>	<b>PHYLLIS GILLESPIE</b>	<b>401 IDA AVE</b>	<b>LEHIGH FL 33971</b>	
<b>V/D</b>	<b>A. RICHARD THREM</b>	<b>401 IDA AVE</b>	<b>LEHIGH FL 33971</b>	
<b>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.</b>				
<b>SIGNATURE:</b> <b>FREDERICK D. ANDERSON</b>		<b>APRIL 5, 2006</b> <b>(239) 275-0808</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>	