
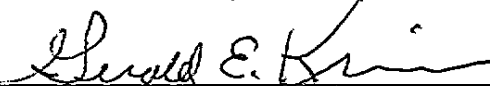
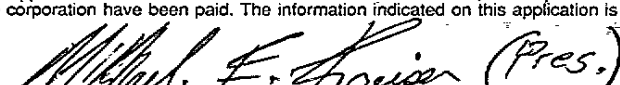


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		<p>APPROVED AND FILED</p> <p>98 OCT 15 PM 12:25</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
DOCUMENT # 410878 1. Corporation Name <p style="text-align: center;">KREISER CONSTRUCTION, INC.</p>				<p style="font-size: 2em; font-weight: bold;">REINSTATEMENT</p> <p style="font-size: 1.5em;">97-98</p>	
Mailing Address 1805 SW Biltmore St. Port St. Lucie, FL 34984		Principal Place of Business 1805 SW Biltmore St. Port St. Lucie, FL 34984			
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>					
2. New Mailing Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 10/17/72 5. FEI Number 59-1432558 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1	2	3	4		
PD	Kreiser, Michael E.	3604 E. Wilderness Drive	Fort Pierce, FL 34982		
D	Kreiser, Susan	3604 E. Wilderness Drive	Fort Pierce, FL 34982		
			300002668473 5		
			-10/20/98--01078--008		
			****908.75 ****908.75		
8. Name and Address of Current Registered Agent Gerald E. Kreiser 1805 Biltmore St. Port St. Lucie, FL 34984 			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent _____ Date _____ <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:  (Pres.) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

CH2500 (6/94)