FILED
No. 3800

READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 FEB -5 PM 2:59
H03000043540 1

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 437846

1. Corporation Name

RAILROAD TRACK CONSTRUCTION CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 1048 ST AUGUSTINE FL 32207	P.O. BOX 1048 ST AUGUSTINE FL 32207

REINSTATEMENT 02-03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/08/1973

5. FEI Number: 59-1467873 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $0.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
S	EDDINS, HJ	ONE MALAGA ST	ST AUGUSTINE FL 32084
CD	ANESTIS, R W	ONE MALAGA ST	ST AUGUSTINE FL 32084
D	MC PHERSON, J	ONE MALAGA STREET	ST AUGUSTINE FL 32084
VPD	MAC SWAIN, ROBERT	ONE MALAGA STREET	SAINT AUGUSTINE FL 32084
T	LEININGER, MARK	ONE MALAGA STREET	SAINT AUGUSTINE FL 32084

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
EDDINS, HEIDI J ONE MALAGA STREET ST. AUGUSTINE FL 32084	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

D12E340 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: Heidi J. Eddins — Date: 2/5/03
REGISTERED AGENT MUST SIGN

11. 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)(i), 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: Heidi J. Eddins — 2/5/03 — 904-826-2398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H03000043540 1

02/5/03