

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 451707

1. Corporation Name VERNON CONSTRUCTION CORPORATION

Principal Place of Business 2400 LITTLE COUNTRY RD BARRISH FL 32110 Mailing Address P.O. BOX 210 SELENTON FL 34322

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. 390 Donald E. Smith Blvd. DeBary, FL 32713 USA

FILED 99 OCT 28 PM 3:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEMENT 09

4. Date Incorporated or Qualified To Do Business in Florida 06/07/1974 5. FEI Number 50-1606173 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for William G. Vernon and Jane A. Vernon.

8. Name and Address of Current Registered Agent VERNON, WILLIAM G. 10100 S.W. 90 AVENUE MIAMI FL 33170

9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 390 Donald E. Smith Blvd. DeBary FL 32713

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0305, F.S. Signature of Registered Agent: William H. Vernon Date: 10/28/99 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: William H. Vernon William G. Vernon 10/28/99 (4) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date