PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 DEC -1 AM 11:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 625934

1. Corporation Name
DEVILLE CONTRACTING CORPORATION

2. Principal Office Address	3. Mailing Office Address
424 SE 47TH TERR	424 SE 47TH TERR
Suite, Apt. #, etc. #C	Suite, Apt. #, etc. #C
City & State CAPE CORAL, FL	City & State CAPE CORAL, FL
Zip 33904 Country LEE	Zip 33904 Country LEE

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business In Florida 6/1/1979

5. FEI Number 59-1922111 ☐ 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: HAROLD L BELL JR.

400003487804--7
-12/05/00--01074-020
****758.75 ****58.75

Street Address (P.O. Box Number is Not Acceptable): 424 SE 47TH TERRACE

Suite, Apt. #, Etc.: #C

City: CAPE CORAL, State: FL Zip Code: 33904

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: Harry L Bell Jr. Pres. Date: 11/30/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
PTD	HAROLD L. BELL JR.	424-C SE 47TH TERR	CAPE CORAL, FL 33904
ST	SHERRY K. BELL	424-C SE 47TH TERR	CAPE CORAL, FL 33904
			KE

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 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: Harry L Bell Pres. 11/30/00 (941)945.5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #