PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV 23 AM 9:50

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 04

10/25/04 01090 003 750.00

DOCUMENT # 835695

1. Corporation Name

Faulkner Construction Co., Inc.

2. Principal Office Address	3. Mailing Office Address
263 Kelly Dr.	P O Box 1226
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dothan, AL	City & State: Dothan, AL
Zip: 36303 Country: US	Zip: 36302 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 1968

5. FEI Number: 63-0568979 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: CorpDirect Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 103 N. Meridian St.

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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: [signature] REGISTERED AGENT MUST SIGN Date: 11/12/04

CR2E031 (01/04)

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
Pres. Treas	B.E. Faulkner	307 Englewood Ave.	Dothan, AL 36303
Vice Pres	Julian D. Pilcher	906 Dogwood Trail	Dothan, AL 36301
Corp. Sec.	Becky D. Alford	92 Centre Dr.	Dothan, AL 36303

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: Becky Alford Corporate Secretary 10/21/04 (334)792-2143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/29