


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

02 FEB 19 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0102

|                                      |   |   |
|--------------------------------------|---|---|
| <b>CORPORATION<br/>REINSTATEMENT</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|--------------------------------------|---|---|

**DOCUMENT #** F00000001703

**1. Corporation Name**

~~Link Construction, Inc., d/b/a~~ L&C General Contractors, Inc.

**2. Principal Office Address**  
114 Merrimack Way

**3. Mailing Office Address**  
33 Broad Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
11th Floor

**City & State**  
Jupiter, FL

**City & State**  
Boston, MA

**Zip**  
33458

**Country**  
USA

**Zip**  
02109

**Country**  
USA

**4. Date Incorporated or Qualified To Do Business in Florida** March 28, 2000

**5. FEI Number**  
52-2225451

**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**  
Lexis Document Services, Inc.

**Street Address (P.O. Box Number is Not Acceptable)**  
3953 W.W. Kelley Road

**Suite, Apt. #, Etc.**

**City**  
Tallahassee

**State** FL **Zip Code** 32311

**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** C. Woodyard, as agent, LDS  
REGISTERED AGENT MUST SIGN

**Date** 2-14-02

**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 |
|--------|-----------------------------------|--|--------------------|
| P      | Peter R. Currier                  | 114 Merrimack Way                              | Jupiter, FL 33458  |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |

**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:**

Peter R Currier pres 2/18/02 305-970-4900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)