| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. | | | | | | | |
|--|---|---|--|----------------------|---|------------------------------------|--|
| REINSTATEMENT "S | | DEPARTMENT OF STATE SECRETARY OF State SION OF CORPORATIONS | | | | | |
| | | | | 05 MAY 23 PM 4: 54 | | | |
| DOCUMENT # F00000002204 1. Corporation Name HAINES CONSTRUCTION COMPANY | | | | TALLAHASSEÉ, FLORIDA | | | |
| | | | | REMSTATEMENT 0405 | | | |
| 2. Principal Office Address 1340 Post Oak Blvd. 3. Mailing Of Bleo F | | | ice Address Post-Oak Blvd. | G0 | Ē | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 2100 | | | tc. | 4. Date Incorp | orated or Qualified ness in Florida 04/20/2000 | | |
| | | ton, TK | 5. FEI Number Applied For 760605500 Not Applicable | | | | |
| Zip 770 | 056 USA | Zip 171 | DSG USA | 6. CERTIFICATE | | onal Fee required ficate of Status | |
| | Name Corporation Service (Street Address (P.O. Box Number is Not 1201 Hays Street Suite, Apt #, Etc. City Tallahassee | Company | ame and Address of Current Regist | | 0005515452 State Zip Code FL 32301 | <u> </u> | |
| 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 Agent President REGISTERED AGENT MUST SERT. Vice President Date 5 - 23 - 05 | | | | | | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each City Corporations (City Corporations) | | | | | | | |
| Titles | Name of Officers and/or Directors | | Officer and/or Director | | City / State / Zip | | |
| VOloc | Douglas H. Westmore and B | | | _ | | 1036 | |
| AS | Vincent A. Mercaldi | | 1340 Post Oak Blvd., Ste. 2100 Bled Post Oak Blvd., Ste. 2100 | | Houston, TX 77056 | | |
| T | Nicholas M. brindstaff | | 1360 Post Oak Blvd., St. 2100 | | | | |
| Dir. | James H. Haddo | | | | 056 | | |
| 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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | | |



ACCOUNT NO. : 072100000032

REFERENCE : 386274 7157369

AUTHORIZATION '

| COST LIMIT : \$ 900.00 |
|--|
| ORDER DATE : May 23, 2005 ORDER TIME : 3:02 PM |
| ORDER NO. : 386274-030 |
| CUSTOMER NO: 7157369 |
| CUSTOMER: Ms Monique Buentello Quanta Services, Inc. Suite 2100 1360 Post Oak Blvd Houston, TX 77056 |
| REINSTATEMENT |
| ************************************** |
| NAME: HAINES CONSTRUCTION COMPANY |

XX REINSTATEMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____