

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # FD1000003322			
1. Corporation Name Revels Contracting Services, Inc.			
2. Principal Office Address 5620 Gallagher Drive Suite, Apt. #, etc.		3. Mailing Office Address 5620 Gallagher Drive Suite, Apt. #, etc.	
City & State Gastonia, NC		City & State Gastonia, NC	
Zip 28052	Country US	Zip 28052	Country US
4. Date Incorporated or Qualified To Do Business in Florida 6/21/01		5. EIN Number 55-1839338	
6. CERTIFICATE OF STATUS DESIRED ☒		Applied For ☐ Not Applicable	
7. Name and Address of Current Registered Agent			
Name CT Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation, FL		State FL	Zip Code 33324
8. I, being appointed the registered agent of the above named corporation, am hereby with and accept the obligations of section 607.0305 or 617.0305, F.S. Signature of Registered Agent <u>Dale W. Morris</u> DALE W. MORRIS Date <u>2/25/05</u> REGISTERED AGENT MANAGEMENT VICE PRESIDENT			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
President	James G. Revels	4315 River Oaks Road	Lake Wylie, SC 29710
Secretary	James E. Revels	110 Hickory Mill Ct.	Lake Wylie, SC 29710
1st. Secy	James G. Brown	1280 Carpenter Springs Drive	Dallas, NC 28034
Treasurer	Angela R. Crisp	481 Thornburg Road	Dallas, NC 28034
Member of the Board of Directors	Kenneth L. Stewart	920 Weymouth Drive	Gastonia, N.C. 28054
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapters 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(2)(f), 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: <u>James G. Revels</u> <u>James E. Revels</u> <u>2/25/05</u> <u>7048462000</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

Division of Corporations

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CORPORATION REINSTATEMENT**REVELS CONTRACTING SERVICES, INC.**

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