PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

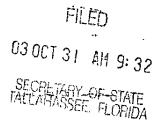
Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	- アハヘハヘヘヘハ - フドア
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C C C I (I E I I I I I	F02000001755

1. Corporation Name

J.C.R. CONSTRUCTION CO., INC-



Principal P	lace of Busine	ess	Mailing Addr	ess						
*			USINESS ROUTE 101, BOX 331 NYMOND NH 03077							
		încorréct in any way, line thro						STATEMENT 03	_	
New Principal Office Address, If Applicable 3. New Mail		ling Office Address, If Applicable			4. Date incorporated or Qualified To Do Business in Florida					
Suite, Apt. #, etc. S		Suite, Apt. #,	Suite, Apt. #, etc.			03/25/2002 5. FEI Number Applied For				
City & State . Ci		City & State	City & State				02-0392585 Not Applicable]		
Zip Country		Zip	Country		,	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status		đ		
7. Names	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonprof	it corpora	tions must list at lea	st 3 directors)]	
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
DP	REED, CHRISTOPHER M			MOUNTAIN RD				DEERFIELD NH 03037		
DVPS	REED JR, JOSEPH C			179 NORTH RD				DEERFIELD NH 03037	7	
Т	REED JR, JOSEPH C			179 NORTH RD				DEERFIELD NH 03037		
	Zorodnie state de la constantina della constanti			5/ 10/31			50 10/31/1	0024340045 0 03-01084014 **750.00		
	8. Nam	e and Address of Current I	Registered Age	nt			9. Name and	Address of New Registered Agent	_	
	· · · · · ·					Name			CR2E040 (7/03)	
CORPORATE SERVICES 1201 HAYS STREET TALLAHASSEE FL 32301			Street Address (F		··					
									<u> </u>	<u> </u>
10. I, being	appointed the	e registered agent of the abo	ve named corpo	oration, am f	amiliar wi	th and accept the ob	oligations of Secti	ion 607.0505, F.S. or 617.0505, F.S.		
Cin-atum a		Jacob P	on was		1, .	• ,•	·	12/22		

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/24/03

11. I certify that I am an indicer 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03

895.406

Daytime Phone #