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FILED
05 JUN 20 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000002565

1. Corporation Name
CALUSA CONSTRUCTION, INC.

03-05

2. Principal Office Address	3. Mailing Office Address
7000 HWY. 77	7000 HWY. 77
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SOUTHPORT, FL.	City & State: SOUTHPORT, FL.
Zip: 32409 Country: USA	Zip: 32409 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5-23-2002

5. FEI Number: 88046b370 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS Street

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 617.0505, F.S.

Signature of Registered Agent: [signature], Assistant Sec. Date: 10-11-05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	LINDA POWELL	7000 HWY. 77	SOUTHPORT, FL. 32409
SEC.	GLENN POWELL	7000 HWY. 77	SOUTHPORT, FL. 32409
TRES.	ALISA TAYLOR	7000 HWY. 77	SOUTHPORT, FL. 32409

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: [signature] LINDA POWELL 6-16-05 850-265-1495

SIGNATURE AND TYPED OR PRINTED NAME OF ENTERING OFFICER OR DIRECTOR — Date — Daytime Phone #

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JUN 20 2005

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

CALUSA CONSTRUCTION, INC.

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