

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 20 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000004506

1. Corporation Name

Elder Construction & Associates, Inc.

2. Principal Office Address

10197 Bunsen Way

Suite, Apt. #, etc.

City & State

Louisville, KY

Zip

40299

Country

Jefferson

3. Mailing Office Address

10197 Bunsen Way

Suite, Apt. #, etc.

City & State

Louisville, KY

Zip

40299

Country

Jefferson

REINSTATEMENT 05-06

4. Date Incorporated or Qualified To Do Business in Florida

09/03/2002

5. FEI Number

31-1559049

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

WILSON JERRY FOSTER

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

1342 TIMBERLANE ROAD

Suite, Apt. #, Etc.

SUITE 102-A

City

TALLAHASSEE,

State
FL

Zip Code
32312

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10-20-06

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
President / Owner	David S. Elder, Sr.	10197 Bunsen Way	Louisville, KY 40299

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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 contained in Chapter 119, 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]

David S. Elder, Sr./President

10/18/06

(502) 491-8005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #