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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1515

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CORPORATION REINSTATEMENT
ANCO CONSTRUCTION, INC.

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TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F07000003894

1. Corporation Name
ANCO CONSTRUCTION, INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
192 CR 509	P.O. BOX 130
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORINTH MS	City & State: CORINTH MS
Zip: 38834 Country: USA	Zip: 38835 Country: USA

CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida: AUGUST 2, 2007

5. FEI Number: 64-0502730 ☐ 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: 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 617.0503, F.S.

Signature of Registered Agent: [signature] Matthew Young Asst. V. Pres. Date: 04/04/2011
REGISTERED AGENT MUST SIGN

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
PRES	JOHN FRANK HARVELL	192 CR 509	CORINTH MS 38834
SEC	JON KEVIN HARVELL	192 CR 509	CORINTH MS 38834

REINSTATEMENT 10-11
B 4/5/11

10. E-mail Address: mechelle@ancoconstruction.net / kevin@ancoconstruction.net
(To be used for future annual report notification)

11. 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. I further certify 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] Corp. Secretary 4/4/11 662-287-1494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #