
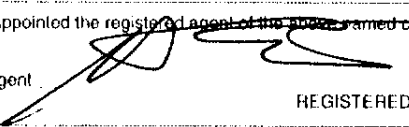
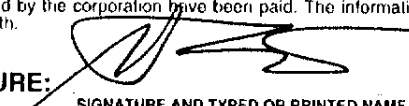


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  97 JAN -3 AM 11:45  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # F25976</b> 1. Corporation Name CONSOLIDATED CONSTRUCTION SERVICES, INC.					
Principal Place of Business      Mailing Address 4300 S. Semoran Blvd. Suite 107 Orlando, FL 32822      SAME AS Business					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 4300 S. Semoran Blvd Suite, Apt. #, etc. 107 City & State Orlando FL Zip 32822      Country Orange		3. New Mailing Address, If Applicable Same as #2 Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 3/19/1981  5. FEI Number 59-2076935 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PD	Earnest, Louise M.	150 Palmyra Dr	Orlando, FL 32807		
SD	Piper, Admiral	1512 Perez	Orlando, FL 32825		
CM	Earnest, George R	150 Palmyra Dr.	Orlando, FL 32807		
				100002051961--6 -01/09/97--01021--001 ****375.00 ****375.00	
				DBI-6-97	
8. Name and Address of Current Registered Agent  George R. Earnest 150 Palmyra Dr. Orlando, FL 32807			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City      State      Zip Code FL		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent  Date 12/23/96 REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.    Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:  George R. Earnest      12/23/96      (407) 273-7005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #					

CR2040 (12/95)