PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

CORPORATION REINSTATEMENT

Secretary of State
Division of Corporations

FILED

01 MAR 21 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F45398

1. Corporation Name

P&S Construction Inc of Boca Raton

REF # F45398

2. Principal Office Address	**3.** Mailing Office Address
2865 S.W 22 AVE	2865 S.W 22 AVG
Suite, Apt. #, etc. UNIT 101	Suite, Apt. #, etc. UNIT 101
City & State DELRAY BEACH FLA	City & State DELRAY BEACH FLA
Zip 33445 Country PALM BEACH	Zip 33445 Country PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida 1977 or 1976

5. FEI Number 59-2139668 | 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 PAUL M MARIANI

Street Address (P.O. Box Number is Not Acceptable) 2865 S.W 22 AVE

Suite, Apt. #, Etc. UNIT 101

City DELRAY BEACH FLA | State FL | Zip Code 33445

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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 _Paul M Mariani_ REGISTERED AGENT MUST SIGN Date 3-22-01

CR2E081 (9/00)

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	PAUL M MARIANI	2865 S.W 22 AVE UNIT 101	DELRAY BEACH FLA. 33445
V.P.	CHRISTOPHER L MARIANI	8891 WILES RD APR 204	CORAL SPRINGS FLA. 33067

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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 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.

CELL (561) 239-9708

SIGNATURE: _Paul M Mariani_ PAUL M MARIANI 3-22-01 (561) 243-1688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #