PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 96 NOV 20 AM 11:57 F9300000636 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA CONSOLIDATED CONSTRUCTION TECHNIQUES, INC. Principal Place of Business Malling Address 1700 2ND AVE. S. 1700 2ND AVE. S. BIRMINGHAM AL 35233 **DIFFMINGHAM AL 35233** If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, if Applicable 1502 E, BAKER STREET 3. New Mailing Office Address, If Applicable 1502 €, Suite, Apt. #, etc. 02/12/1993 Suite, Apt. #, etc. 5. FEI Number Applied For 63-1015228 City State City State Bi Pmin Not Applicable CERTIFICATE OF STATUS DESIRED [USA UŚA 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zio DCP GLEN, CHARCEY G 1303 MOTON ST., N.W. LEEDS AL 350G4 DTVP GUTHRIE, GLENN H 203 POWELL PLACE TRUSSVILLE AL 35173 **DVPS** MOORE, D. WAYNE 211 STERRETT AVE. HOMEWOOD AL 35209 800002012618---11/22/36--01019--005 ****208.75 ****208.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent DRISKELL, VICTOR Street Address (P.O. Box Number is Not Acceptable) 1502 E. BAKER ST. 800002012019 E -11/22/96--01019--006 *****115,000 pp.cd.75.88 PLANT CITY FL 33586 Suite, Apt. #, Etc. 10. It being appointed the rigistered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date REGISTERED AGENT MUST SIGN Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) No D Dept. of Revenue under S. 199.032, Florida Statutes. Yes L 12. 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 filling 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 quelify for an exemption under section 139.073(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 eath.

SIGNATURE: