PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

F94000002104

1. Corporation Name

RESTORATION CONSULTANTS, INC.

Principal Place of Business

Mailing Address

01 OCT 22 PM 2: 15

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

| Principal Place of Business | | | | Mailing Addr | | | | nia (bjer bjen) bonh eniki oven o | | 11 8181 (188 1 |
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| -110LONGVIEW CIRCLE ALABASTER AL-05009 | | | 1 10longview Circle Alabaster A l 35003 — | | | | | | | |
| | - · · · · · · · · · · · · · · · · · · · | | | | | and enter correction below. | REIN | STATEMI | ENT () | المراجع والناس |
| New Principal Office Address, If Applicable Suite, Apt. #, etc. | | | | | | ddress, If Applicable | 4. Date Incorporated or Qualified To Do Business in Florida 04/22/1994 SP | | | |
| City & State | L0109 | NIEW | CIACLE | Suite, Apt. #, | | VIPW CIRcle | 5. FEI Number | 63-1080999 | <u> </u> | lied For Applicable |
| ^{Zip} 350 | 007 | Country | | 3500 | 7 | Country 35007 | 6. CERTIFICATE | OF STATUS DESIRED | S8.75 Additional F for a Certificate | |
| 7. Names a | and Street Ad | dresses of Ea | ch Officer and/ | or Director (Flo | rida nonpro | fit corporations must list at lea | st 3 directors) | | | |
| Title(s) | Name of Officers and/or Directors | | | | Street Address of Each Officer and/or Director | | | City / State / Zip | | |
| . CP | GREEN, DEWEY C | | | 104 TALMADGE DR | | | | PELHAM AL | | |
| | | | | | | 1 Marie Views | | | : | |
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| | | | | | | | 60 | 000465 -10/30/01- | 8386- -0100801 | - 4 |
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8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD **PLANTATION FL 33324** Suite, Apt. #, Etc. City Zip Code State 10. I, peing appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

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 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Deway C. Green