

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 24 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003660

1. Corporation Name

Belz Construction Company, Inc.

2. Principal Office Address

5118 Park Avenue

Suite, Apt. #, etc.

Suite 327

City & State

Memphis, TN

Zip

38117

Country

USA

3. Mailing Office Address

5118 Park Avenue

Suite, Apt. #, etc.

Suite 327

City & State

Memphis, TN

Zip

38117

Country

USA

REINSTATEMENT

01-03

4. Data Incorporated or Qualified
To Do Business in Florida

5. FEI Number

62-1103189

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

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pile Island Rd.

Suite, Apt. #, Etc.

City

Planation

State
FL

Zip Code

33324

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

REGISTERED AGENT MUST SIGN

Date 2/18/2003

John J. Linnihan, Asst. VP

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.	Martin Belz	5118 Park Ave, Ste 327	Memphis, TN 38117
V.P.	Errol S. Flynn	5118 Park Ave, Ste 327	Memphis, TN 38117
V.P.	Ron Belz	100 Peabody Place, Ste 1400	Memphis, TN 38103
Sec/Tr	Jimmie Williams	100 Peabody Place, Ste 1400	Memphis, TN 38103

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.

SIGNATURE:

Errol S. Flynn, V.P. 2/19/03 901-762-5490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25

Belz Construction Company, Inc.

Suite 327, 5118 Park Avenue
Memphis, Tennessee 38117

901/762-5490 Phone
901/762-5493 FAX

February 20, 2003

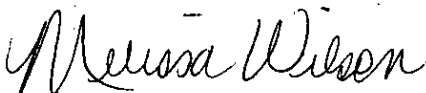
Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Corporation Reinstatement

Dear Sir or Madam:

Attached please find your "Corporation Reinstatement" form along with our Check in the amount of \$1,050.00 which represents the annual report and corporate supplemental fees for 2001, 2002, and 2003 plus the \$600.00 reinstatement fee. Thank your for your assistance.

Sincerely,



Melissa H. Wilson
Office Manager

Enclosures