

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 19 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600003302

1. Corporation Name
Alamo Contract Builders, Inc

2. Principal Office Address 1400 Emerald Bay Dr Suite, Apt. #, etc.		3. Mailing Office Address 1400 Emerald Bay Dr Suite, Apt. #, etc.	
City & State Destin, FL		City & State Destin, FL	
Zip 32541	Country OKaloosa	Zip 32541	Country OKaloosa

100005975901
06/25/02 11058 004
450.00

4. Date Incorporated or Qualified To Do Business in Florida 8/5/96

5. FEI Number 58-1790478
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 Steve Temples

Street Address (P.O. Box Number is Not Acceptable)
1400 Emerald Bay Drive

Suite, Apt. #, Etc.

City Destin State FL Zip Code 32541

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 *Steve Temples* Date 6/17/02
REGISTERED AGENT MUST SIGN

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
P	Steve Temples	1400 Emerald Bay Dr	Destin, FL 32541
S/T	Kinda H Temples	1400 Emerald Bay Dr	Destin, FL 32541
UP	Bill Hoffman	1463 Sky Ranch Lane	Baker FL 32531
			351.25 - AR
			10.00 - ARCATS
			88.75 - AR SUPP

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: *Kinda H Temples* Date 6/18/02 Daytime Phone # 850-650-3601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kinda H Temples

CR2E081 9/99

6/24/02

**Alamo Contract Builders, Inc.
1400 Emerald Bay Drive
Destin, Florida
32541**

June 17, 2002

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

This letter is to notify you that we never received the uniform business reporting form in 2000 due to an incorrect mailing address. We are requesting that you please waive the late fees and accept our enclosed check for \$450.00 for reinstatement.

Thank You:



Steve Temples, President
Alamo Contract Builders, Inc.