PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 OCT 20 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000005036

1. Corporation Name

PRIMAX CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 4188~~ ~~PINEHURST NC 28374~~	~~P.O. BOX 4188~~ ~~PINEHURST NC 28374~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
750-A NW BROAD STREET	P.O. BOX 149
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SOUTHERN PINES, NC	City & State: SOUTHERN PINES, NC
Zip: 28387 Country: USA	Zip: 28388 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 09/26/1997 SP

5. FEI Number: 56-1626593 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 director's)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CD	SEYMOUR, WILLIAM G	1115 EAST MOREHEAD STREET	CHARLOTTE NC
ST	MCLUCAS, MARIE R	1115 EAST MOREHEAD STREET	CHARLOTTE NC
P	CANADY, W P	~~11 AVIEMORE DR., STE B~~ 750-A NW BROAD STREET	~~PINEHURST NC~~ SOUTHERN PINES, NC
			900003021809---4 ~~10/22/99--01014--023~~ ~~****150.00 ****150.00~~
			900003021809---4 -10/22/99--01014--024 ****600.00 ****600.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

900003021809---4
-10/22/99--01014--025
~~******8.75 ******8.75~~

Suite, Apt. #, Etc.

City: State: FL Zip Code:

CR2E040 (9/99)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: JENNIFER F AULTMAN ASSISTANT SECRETARY Date: 10-19-99

REGISTERED AGENT MUST SIGN

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: W. Parker Canady — W. Parker Canady — 10-13-99 — (910) 695-7350

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