

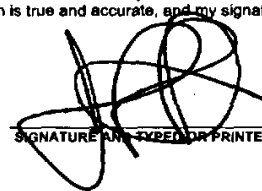


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>F98000002948</b>			
1. Corporation Name <b>J.D. BARNES CONSTRUCTION, INC.</b>			
Principal Place of Business <b>100 ANCHOR DR. #398 KEY LARGO FL 33037</b>		Mailing Address <b>100 ANCHOR DR. #398 KEY LARGO FL 33037</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <b>SAME</b> Suite, Apt. #, etc. <b>100 ANCHOR DRIVE #398</b> City & State <b>KEY LARGO, FLA</b> Zip <b>33037</b> Country <b>USA</b>		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida <b>05/28/1998</b>		5. FEI Number <b>65-0885363</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
CPS	BARNES, JOEL D	100 ANCHOR DR. #398	KEY LARGO FL 33037
			<b>900003036059--3</b> <b>11/05/99 01044-003</b> <b>***750.00 ***750.00</b>
8. Name and Address of Current Registered Agent <b>BARNES, JOEL D 100 ANCHOR DR. #398 KEY LARGO FL 33037</b>		9. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code	
10. I, being appointed registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent  Date <b>10/15/99</b> 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:  Date <b>10/15/99</b> Daytime Phone # <b>305-582-1668</b>			

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 99:1TS

CRCE040 (8/99)