## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT					LORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FILEU  03 SEP 25 AM II: 57  SECRETARY OF STATE TALLAHASSEE, FLORIDA					
DOCUMENT # F98000003470  1. Corporation Name									TA	LAHASSEI	E, FLON	I)A	
CaC	Co Const	ructio	on Compar	ny .		7	j						
									ODi	D2333	1738	2	
, —- · · · · · , · · · · · · · · · · · · ·					iffice Address eather Ridge Blvd.			09/2	·S/03-	010390	)()1 **	750.00	
Suite, Apt. #, etc. Suite, Apt. #,					4. Date inc			e Incorpc	orated or	Qualified			
City & State City & State								To Do Business in Florida					
					n, FL	_	5. FEI Number Applied For S2-2100295 Not Applicable						
<sup>Zip</sup> 34698	USA		34698	USA 6. CI			RTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status						
	7. Name and Address of Current Registered Agent  Name Craig R. Pavlik												
	Street Address (P.O. Box Number is Not Acceptable)  1330 Heather Ridge Blvd.  Suite, Apt. #, Etc.												
												1	
	<sup>City</sup> Dunedin,								State <b>FL</b>	Zip Code 34698		<b>1</b>	
8. I, being	appointed the	register	ed agent of the at	ove named corpo	sation, am f	amiliar with and accep	ot the obligations	of section	n 607.050	05 or 617.0503, F.	\$. I		
Signature of Registered Agent Date 9/24/03													
9. Names	and Street A	idresses		<del></del>		ofit corporations must I	ist at least 3 direc	ctors)					
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director			1	City / State / Zip				
PST	:Pavlik; Joyce H.					-1-101-Haley-Lane			-Dunedin, FL-34698				
VP _	Pavlik, S	tacy			1665 Chaplene Ct.				Dunedin, FL 34698				
D	Craig R.	Pavlik			1665 Chaplene Ct.			0	Dunedin, FL 34698				
_	_			F3.	P0846	OTATEMENT OF				TS :			
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this rei owed t	instatement ap by the corpora	plication tion have	, the reason for dis been paid and th	ssolution has been a names of individ	n eliminated, Juals listed o	o execute this applicat , the corporate name s on this form do not qua e legal effect as if mad	satisfies the requir dify for an exempti	rements (	of section	607 0401 or 617	0401 E.S. th	at all fees	
SIGNATURE: Craig R. Pavlik 9/24/03 727-738-6215													
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #												