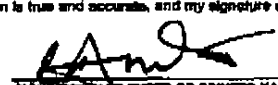


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		F98000003746			
1. Corporation Name RA Design-Build Corp.					
2. Principal Office Address 11400 Reichold Road Suite, Apt. #, etc.		3. Mailing Office Address 11400 Reichold Road Suite, Apt. #, etc.			
City & State Gulfport, MS		City & State Gulfport, MS			
Zip 39503	Country Harrison	Zip 39503	Country Harrison	4. Date Incorporated or Qualified To Do Business in Florida 06/30/1998	
				5. FEI Number 64-0894329 ☐ Applied For ☐ Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED ☐ \$2.75 Additional Fee Required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
Suite, Apt. #, Etc.					
City Plantation 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  J.L. Miles - Asst. Secy. Date 1-25-07 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
Pres.	Roy Anderson, III	11400 Reichold Road		Gulfport, MS 39503	
Sec.	Roy Anderson, Jr.	11400 Reichold Road		Gulfport, MS 35903	
VP	David White	11400 Reichold Road		Gulfport, MS 39503	
Treas.	Robert Vollenweider	11400 Reichold Road		Gulfport, MS 35903	
10. I certify that I am an officer or director of 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 contained in Chapter 119, 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:  Roy Anderson, III, President Date 1/15/07 228-896-4047 SIGNATURE AND TYPED OR PRINTED NAME OF GOVERNING OFFICER OR DIRECTOR Date Daytime Phone #					

2/2

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

RA DESIGN-BUILD CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00