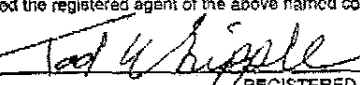
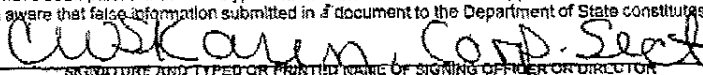


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000006085 1. Corporation Name United Construction Corporation d/b/a JD Mack International			
2. Principal Office Address - No P.O. Box # 250 North Main St Suite, Apt. #, etc.		3. Mailing Office Address PO Box 48 Suite, Apt. #, etc.	
City & State Newport, NH Zip 03773 Country USA		City & State Newport, NH Zip 03773 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 11/03/1998			
5. FEI Number 02-0257849		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 Tod Whipple Street Address (P.O. Box Number is Not Acceptable) 10040 Valiant Crt Suite, Apt. #, etc. #202 City Miromar State FL Zip Code 33913			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0506 or 817.0503, F.S. Signature of Registered Agent  Tod Whipple REGISTERED AGENT MUST SIGN Date 6/20/15			
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
CPT	Cary G Whipple	North Main St	Newport, NH 03773
CV	Loretta Whipple	North Main St	Newport, NH 03773
DS	Christine W Skarin	North Main St	Newport, NH 03773
10. E-mail Address: robyn@unitedconstruction.biz (To be used for future annual report notification)			
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 807 or 817, 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 807.0401 or 817.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
SIGNATURE:  Christine W Skarin, Corp. Secy.		6/15/2015	803-863-1240