CORPORATION REINSTATEMENT

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -2 AM 8:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # ~~S~~ F99000001014

1. Corporation Name
LANOS END CONSTRUCTION ENTERPRISES INC. F99-1014

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
1093 A1A Beach BLVD.	1093 A1A Beach BLVD.
Suite, Apt. #, etc. PMB 236	Suite, Apt. #, etc. PMB 236
City & State St. Augustine, FL.	City & State St. Augustine, FL.
Zip 32080 Country St. Johns	Zip 32080 Country St. Johns

4. Date Incorporated or Qualified To Do Business in Florida 2/23/99

5. FEI Number 113202418 ☐ 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: Robert G. Freeman
FILED 01/15/04 --0015--002 **900.00

Street Address (P.O. Box Number is Not Acceptable): 1093 A1A Beach BLVD.
Suite, Apt. #, Etc.: PMB 236
City: St. Augustine State: FL Zip Code: 32080

1/7/04

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: Robert G. Freeman Date: 1/7/04
REGISTERED AGENT MUST SIGN

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
PRES	Robert G. Freeman	1093 A1A Beach BLVD	St. Augustine FL 32080
D	Robert G. Freeman	" " "	" " "
V	Robert G. Freeman	" " "	" " "
S	Robert G. Freeman	" " "	" " "
T	Robert G. Freeman	" " "	" " "

10. I certify that I am an officer or director or the receivor 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.

904-471-1783 of

SIGNATURE: Robert G. Freeman 1/7/04 904-669-9399 cell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LOCATION:850 222 1222 RX TIME

Robert G. Freeman 1/7/04