PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 15 AM 9:01

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000001333

1. Corporation Name

Southeastern Interior Construction, Inc

2. Principal Office Address	3. Mailing Office Address
311 marble Mill Rd.	P.O. Box 1689
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Marietta, GA	City & State: Marietta, Ga.
Zip: Ga. Country: USA	Zip: 30061 Country: USA

REINSTATEMENT 0001

4. Date Incorporated or Qualified To Do Business In Florida: 3/10/99 SP

5. FEI Number: 58-2434673 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: C T Corporation System

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-06/27/01--01046--022
****900.00 ****800.00

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: [signature] Allan Farrell, ASST SEC Date: June 14, 2001

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.	Charles Carpenter	311 marble Mill Rd	Marietta, GA. 30060
V.P.	Jeff Ray	311 marble Mill Rd	Marietta GA 30060
Sec.	Anthony Kyt Carpenter	311 marble Mill Rd	Marietta, GA 30060

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 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: [signature] Jeff Ray 6/13/01 770-499-0051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #