PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM, 1 FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 OCT -9 AM 9: 40 DOCUMENT # SECRETARY OF STATE 1. Corporation Name TALLAHASSEE, FLORIDA SLATER CONSTRUCTION, INC. Principal Place of Business Mailing Address 4700 - 95th STREET NORTH LEINSTATEMENT (ST. PETERSBURG, FL 33708 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified
To Do Business in Florida FEBRUARY 10 , 1984 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-2320040 \$8.75 Additional Fee required Ζip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nenprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers City / State / Zip Title(s) and/or Directors 795 - 123rd AVENUE PRES. PETER DOCKREE TREASURE ISLAND, FL 33706 DAVID M. SLATER 350 JULIA CIRCLE NORTH ST. PETE BEACH, FL 33706 100002666041---4 ~10/19/98**~~0**1002~~010 ***1500.00T***1500.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name DAVID M. SLATER Street Address (P.O. Box Number is Not Acceptable) 4700 - 95th STREET NORTH Suite, Apt. #, Etc. ST. PETERSBURG, FL 33708 State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. lanature of gistered Agent DAVID M. SLATER 10/7/98 Date REGISTERED AGENT MUST SIGN This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes X No L on intangible tax.)

12. I certify that I am an officer or director or 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAVID M. SLATER, VICE PRESIDENT

10/7/98

(72<u>7)</u> 399-0041

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