PLEASE READ ALE INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMEN		Secreta	RTMENT OF STATE ary of State corporations		FIL 04 OCT 12 SECRETARY	AM 9: 26	
DOCUMENT # H 22 850 1. Corporation Name					TAĻĻAHASSI	EE, FLORIDA	
ORANGE CONSTRUCTION CORPORATION				<u>.</u>		•	
W04-36260				REMOTATEMENTO2-04			
2. Principal Office Address 10604 Fonest Run Din. 10604 Fonest Run Din.							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorpo To Do Busino	rated or Qualified ess in Florida Sen T	26,1984	
City & State BNADENTO, FLA - SNADE			Fix	-5. FEI Number	. ~	- Applied For Not Applicable	
	ANATEE	34211	Country MANTEE	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent							
Name £ C.O	40 W. BA	GCETT					
Street Address (P.O. Box Number is Not Acceptable)							
10604 FOREST RUN DRIVE Suite, Apt. #, Etc.							
CHY BNADONEON					State Zip Code FL 3 42/1		
	N	ove named corporation, a	m familiar with and accept the o	bligations of section	n 607.0505 or 617.0503, F.S.		
Signature of 10 MI Bacus							
Registered Agent	Sirycus,	EGISTERED AGENT MU	IST SIGN		Date 7013/0		
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		
P LLOUD	W. BAGG	ETT 106	04 Foxest-Rua) Dn.	BRADENTUR	, 643/211	
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					300041856553 10/13/0401051021 **450.00		
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10. 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: 4	ous W. Baco	: = 71 X6	Mr Contra	10	olalar Qui	1-739 SYXZ	
SIGNATURE: Date Daytime Phone #							

Dept OF STATE DIVISION OF CONPONATIONS P.O. BOX 6327 TALLAHASSEE, FLA 32314 VLEASE BE ADVISED FHAT THE ZOOZ NOTICES WERE NOT RECEIVED BY HAI'S COMPONATION. LLOYD W. BALGET, PRESIDENT ONANCE CONSTRUCTION CONFORMATION 10604 FOREST RUN DR. BUADENTON, FLA 3/2/1