


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H47348 1. Corporation Name ROBERT ALLEN WILDER CONSTRUCTION, INC.			
2. Principal Office Address 16010 NORTHLAKE VILLAGE DRIVE Suite, Apt. #, etc.		3. Mailing Office Address 16010 NORTHLAKE VILLAGE DRIVE Suite, Apt. #, etc.	
City & State ODESSA, FL		City & State ODESSA, FL	
Zip 33556	Country US	Zip 33556	Country US
4. Date Incorporated or Qualified To Do Business in Florida 03/15/1985		5. FEI Number 592404921	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent Name ROBERT ALLEN WILDER Street Address (P.O. Box Number is Not Acceptable) 16010 NORTHLAKE VILLAGE DRIVE Suite, Apt. #, Etc. City ODESSA			
8. I, being appointed 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 <i>[Signature]</i> ROBERT ALLEN WILDER Date 8-30-2005 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	NADINE LYNN WILDER	16010 NORTHLAKE VILLAGE DRIVE	ODESSA, FL 33556
D, P	ROBERT ALLEN WILDER	16010 NORTHLAKE VILLAGE DRIVE	ODESSA, FL 33556
REINSTATEMENT			
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)(f), 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: <i>[Signature]</i> ROBERT ALLEN WILDER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 8-30-2005	Daytime Phone # 813 920 4016

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DATE: 08-30-2005

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: ROBERT ALLEN WILDER CONSTRUCTION, INC.
ROBERT ALLEN WILDER

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL.
PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTY.
IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 813 920 4016.

THANKS,



ROBERT ALLEN WILDER CONSTRUCTION, INC.
ROBERT ALLEN WILDER

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : 120010000247
Phone : (800) 494-3124
Fax Number : (786) 206-9053

CORPORATION REINSTATEMENT

ROBERT ALLEN WILDER CONSTRUCTION, INC.

Certificate of Status	0
Certified Copy	0
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1,050.00