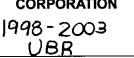
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Applied For Not Applicable ional Fee required ificate of Status

CORPORATION





FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS



Luty's September September

03 JAN 22 AM 8: 59

TARLANASSEE, FERNÍA

DOCUMENT # H51087

Suite, Apt. #, Etc.

Ft. Lauderdale

1. Corporation Name

R. L. LOYD CONTRACTOR, INC.

4305 Stirling Rd. Suite, Apt. #, etc. #22 City & State		4305 Stirli		1998 - 2003 4. Date Incorporated or Qualified To Do Business in Florida 04/08/85			
		Suite, Apt. #, etc.					
		#22 City & State					
Ft. Lauderdale Fl.		Ft. Lauder	dale Fl.	5. FEI Number 592517209			
^{Zip} 33314	Country	Zip 33314	Country	CERTIFICATE OF STATUS DESIRED S8.75 Add for a Ce			
	•	7. Name	and Address of Current	Registered Agent			
Na	Name Richard L. Loyd						
Str	Street Address (P.O. Box Number is Not Acceptable) 4305 Stirling Rd.						

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 What	L Joy J AGENT MUST SIGN	Date JAN 22/63			
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.	Richard L. Loyd	4305 Stirling Rd. #22	Ft. Lauderdale Fl. 33314			
			<u>-</u> '			
		01/17/03	01083 003 \$908.75			
	: 2					
,						

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 filling 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:

State

FL

Zip Code

33314

ATTENTION KAthy Ashton Richard Loyd FAX 850 245 6017

R. L. Contractors 4305 Stirling Rd. #22 Ft. Lauderdale Fl. 33314

Custom Remodeling H (954) 584 6696 CB# CO45562 C 954 895-2012

As per phone conversation, Jan 15/03 I am sending attached form to reinstate my corporation. I had moved five years ago to my present address. In that time I never received any notices for renewal fees. Since I had shut the business down in 1998 due to a close death in the family. As per phone conversation, the fee was \$900.00 plus \$8.75 This is the original Letter for Certificate of Status

Sincerely Richard Loyd Ship From:

Richard Loyd

Ship To:

Company: Department of State Name: Division Of Corporations P.O. Box 6327 TALLAHASSEE, FL 32314

USPS Express Mail

Trans Date Trk Nbr Weight: Dims Rating Wt Pkg Id Ins Amt	1/16/03 9:24:16 AM EJ244252105US 0 LB 0.6 OZ 0.00 x 0.00 x 0.00 0 LB 9843 0.00
Shipping	18.85
Labor	0.00
Materials	0.00
Sales Tax	0.00
TOTAL	\$18.85