PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	FILED  02 FEB   I PH 5: 33
DOCUMENT # H 63932  1. Corporation Name		SECRETARY OF STATE , FALLAHASSEE, FLORIDA
Big Bend Ins	oulation, Inc.	
2. Principal Office Address 3481 Garber Dr.	3401 Varber Dr.	REMISTATEMENT 88-02
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 6/26/1985
City & State  Tallahassee, F1,  Zip Country	City & State Talkahassee F1. Zip Country	5. FEI Number Applied For S9 - 256/858 Not Applicable
<i>33</i> 303 USA	32303 USA	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent  Name Richard C. Stafford  Street Address (P.O. Box Number is Not Acceptable)  3481 Garber Drive -02/26/02-01072-017  Suite, Apt. #, Etc. ***1932.50 ***1932.50  City State Zip Code FL 30303		
8. I, being appointed the registered agent of the above named serporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  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 Director	Street Address of Each Officer and/or Director	
D Richard C. Sto	ifford Sunners Ro	ad Bristol, Fl. 32321
		Du
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 filting 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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## Big Bend Insulation, Inc. 3481 Garber Drive Tallahassee, Florida 32303 850-575-8811

January 23, 2002

Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Dear Sir/Madam,

Please accept this letter as my statement that Big Bend Insulation has received no notices concerning the corporation being Involuntarily Dissolved. This apparently took place in 1988 and has gone unnoticed until recently.

If there are any questions concerning this matter please call me at the number above.

RECEIVED

02 FEB 11 PM 3-3
EPARIMENT OF STATE
IISION OF CORPORATION
ALLAHASSEE, FLORING

Sincerely

Rick Stafford