SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE;

200	I UNIFORM BUS	INESS REPU	n	(ODN)		1	Anc 1	131 L	/	
DOCU 1. Entity Nar	MENT # H94233					'	age			
LECLAIR CONSTRUCTION GORP.					-	FILED				
Principal Place of Business Mailing Address					\dashv	- 02 FEB 18 AN 11: 25				
2230 Nursery Road - B-20 2230 Nursery Ro			Road	- B-20		SECRETARY OF STATE TALLAHASUEE, FLORIZA				
Clearwater, FL 34624 Clearwater, FL										
2. Principal f	Place of Business	3. Mailing Address			_	300005 -02/21				
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			_		800.00 TE IN THIS SP	非常来来∃ ACE	00.00	
City & Sta	te	City & State			4. FE	I Number		Ar	oplied For	7
Zip	Country	Zip	try		59-2622115		No. 8.75 Add	ot Applicable	7	
						ertificate of Status Desired	□ Fe	e Require		
	6. Name and Address of Current	Registered Agent		Name	7. Na	me and Address of New F	legistered Ag	ent		-
LECL	AIR, LEO		•					····		
2230			Street Addres	ss (P.O. Box	Number is Not Acceptable	e)				
Clea	ırwater, Florida 34624	1								1
Ĵ				City FL Zip Code						
8. The above	named entity submits this statement fo	r the purpose of changing its	registere	d office or regis	stered agen	it, or both, in the State of Fk	orida.			1
6	-4 D41	1.				,	0 /11 /00	00		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered	Agent signature requ	uired when reins		02/11/20 DATE	02		İ
O This same	*	FILE NOW!			V 4.					1
	oration is eligible to satisfy its Intangible requirement and elects to do so.	After MAY 1, 20	and the first of the	and the state of the state of	0 🛜 📑	10. Election Campaign Fir Trust Fund Contributio			0 May Be ⊸ I to Fees	بمعستان
(See crite	ria on back)	Make Check Payab				rust Fund Contributio	п. Ш	Added	1 to Fees	
11.	OFFICERS AND	DIRECTORS	12.		ADD	ITIONS/CHANGES TO OFF	ICERS AND D	IRECTORS	S IN 11]_
TITLE .	PD	☐ Delete	TITLE	ł				Change	Addition	E034 (11/00)
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TITLE	VPD	☐ Delete	TITLE					Change	Addition	7 N
NAME	Shannon Robert F.		NAME							
STREET ADDRESS CITY-ST-ZIP	8416 Florida Boys			T ADDRESS ST-ZIP						
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eo A. Le Clairیلر

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. President 02/11/2002 (727) 409-9104 Daytime Phone # Date

page 20th

LE CLAIR CONSTRUCTION, INC. 2079 Montclair Road Clearwater, Florida 33763 Telephone (727) 409-9104

February 11, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Attn: Annual Reports Section

To Whom It May Concern:

Regarding the Administrative Dissolution of my corporation as of September 21, 2001, please note that I moved and never received the 2001 & 2002 Uniform Business Reports.

Based on the above, please re-instate my corporation, enclosed is my check #5614 in the amount of \$300.00.

Also attached is the Articles of Amendment for my corporation and my check #5615 in the amount of \$35.00.

Thanking in advance for your kind consideration in this matter.

LAL:am

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Sincerely yours,

Encl.

Leo A. Le Clair