

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

01 JUN -4 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J37915**  
1. Corporation Name  
**MARKLE CONSTRUCTION, INC**

2. Principal Office Address <b>2401 GRIFFIN COURT</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>2401 GRIFFIN COURT</b> Suite, Apt. #, etc.	
City & State <b>OCOE, FL</b>		City & State <b>OCOE, FL</b>	
Zip <b>34761</b>	Country <b>ORANGE</b>	Zip <b>34761</b>	Country <b>ORANGE</b>

4. Date Incorporated or Qualified To Do Business in Florida <b>1988</b>		Applied For
5. FEI Number <b>59-2733717</b>		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name <b>CRAB MARKLE</b>		Street Address (P.O. Box Number is Not Acceptable) <b>2401 GRIFFIN COURT</b>		Suite, Apt. #, Etc.	
City <b>OCOE</b>		State <b>FL</b>	Zip Code <b>34761</b>	<del>800004481798 - 1</del> <del>-07/18/01--01001--010</del> <del>****450.00 ****450.00</del>	

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 *Craig Markle* Date 6-1-01  
 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 Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	CRAB MARKLE	2401 GRIFFIN CRT	OCOE FL 34761
V.PRES	CRAB MARKLE	2401 GRIFFIN CRT	OCOE FL 34761
SECR.	WALTER R. GOODSON	P.O. Box 1941	WINDERMERE FL 32786

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: *Craig Markle* **CRAB MARKLE** Date 6-1-01 Daytime Phone # 405-290-1899  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)

*mw*