

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA100014446021
03/21/03--01041--023 **1950.00

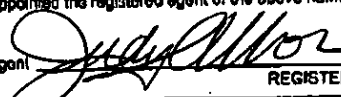
95-03

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J41611			
1. Corporation Name ALLOR BUILDERS INCORPORATED			
2. Principal Office Address 101 SAN REMO DR. ISLAMORADA, FL. 33036		3. Mailing Office Address 101 SAN REMO DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ISLAMORADA, FLORIDA		City & State ISLAMORADA, FLORIDA	
Zip 33036	Country USA	Zip 33036	Country USA

4. Date Incorporated or Qualified To Do Business in Florida JAN. 1 / 1987	
5. FEI Number 59-2748356	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$5.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name JUDY ALLOR	
Street Address (P.O. Box Number is Not Acceptable) 101 SAN REMO DR.	
Suite, Apt. #, Etc.	
City ISLAMORADA	State FL
	Zip Code 33036

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 AgentDate **3/3/03**

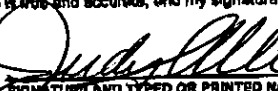
REGISTERED AGENT MUST SIGN

9. Name 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.	RONALD ALLOR	101 SAN REMO DR	ISLAMORADA, FLORIDA, 33036
V. PRES.	JUDY ALLOR	101 SAN REMO DR.	ISLAMORADA, FLORIDA, 33036

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:

 (JUDY ALLOR VICE-PRES) 3/4/03 1-305240-4440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CAVS001 (3/01)

2al2

March 4, 2003

Capital Connection Inc.
417 East Virginia St. Suite #1
Tallahassee, FL 32301

To Whom It May Concern,

This is an affidavit stating that on January 28th, 2003 we formed a new corporation We are now choosing to dissolve the new Corporation. The new corporation is Allor Builders Inc. and we will not be using that name any longer bearing the file number P03000010036.

We intend to re-instate Allor Builders Inc. bearing file number J41611.

Sincerely,

Ronald Allor
President

Judy Allor
Vice-President

Ronald Allor
Judy Allor

STATE OF FLORIDA
COUNTY OF MONROE

The foregoing instrument was acknowledged before me this
Mar 5, 2003 by _____, who is
_____ known to me or who has produced
FLO _____ as identification

_____ did (did not) take an oath.

[Signature]

Signature
Lisa Delos Santos

Name of Notary

