PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR -6 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/21/03--01041--023 **1950.00

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	3. Mailing Office Address
101 SAN REMO DR. ISLAMORADA, FL. 33036	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 ☐ $6.75 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 Agent: Judy Allor REGISTERED AGENT MUST SIGN Date: 3/3/03

CR2E081 (8/01)

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.	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 (JUDY ALLOR VICE-PRES) 3/4/03 1-305-240-4442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 of 2

March 4, 2003

Capital Connection Inc.
417East 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

STATE OF FLORIDA
COUNTY OF MONROE

The foregoing instrument was acknowledged before me this Mar 5 2003 by _____, who is personally known to me or who has produced FLD _____ as identification and _____ did (did not) take an oath.

_____
Signature

Lisa DeLos Santos
Name of Notary

LISA DELOS SANTOS
MY COMMISSION EXPIRES
October 10, 2003
#CC 878668
NOTARY PUBLIC, STATE OF FLORIDA
Notary Public Underwriters
Bonded thru