

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FORM REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 22 PM 4:37 TALLAHASSEE, FLORIDA	
DOCUMENT # 566456 1. Corporation Name SLAB CONSTRUCTION INC.					
Principal Place of Business 105 FOUR POINTS WAY TALLAHASSEE, FL 32310		Mailing Address 105 FOUR POINTS WAY TALLAHASSEE, FL 32310			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 4/10/1987	
				5. FEI Number 59-2852055	
				6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
PD	HARRIS, RICHARD P.	105 FOUR POINTS WAY	TALLAHASSEE, FL 32310		
SD	HARRIS, R. P.	1341 TUNG HILL DRIVE	TALLAHASSEE, FL 32301		
			300002821163 - 6		
			03/23/99 01:00 - 000		
			***1058.75 ***1058.75		
8. Name and Address of Current Registered Agent HARRIS, RICHARD P. 105 FOUR POINTS WAY TALLAHASSEE, FL 32310					
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code					
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)					
12. 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 or individuals listed on this form do not qualify for an exemption under section 119.07(3)(j), 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:  (850) 656-1761 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					