




H03000296040 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		FILED OCT 14 PM 3:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA
<b>DOCUMENT # J73973</b>				
1. Corporation Name Orange Demolition and Materials, Inc.				
2. Principal Office Address 255 S. Orange Avenue		3. Mailing Office Address (same)		
Suite, Apt. #, etc. Suite 888		Suite, Apt. #, etc.		
City & State Orlando, Florida		City & State		
Zip 32801	Country USA	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 65-0039067
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Applied For Not Applicable
7. Name and Address of Current Registered Agent Name Robert T. Roth Street Address (P.O. Box Number is Not Acceptable) 6008 Bay Valley Court Suite, Apt. #, Etc. City Orlando				
		State FL	Zip Code 32819	
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  Date _____ REGISTERED AGENT MUST SIGN				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip
P	Robert T. Roth	6008 Bay Valley Court		Orlando, Florida 32819
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 118.07(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: 		Robert T. Roth		9/26/03 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				407-491-4909 Daytime Phone #

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0384

From:

Account Name : ARNOLD MATHENY & EAGAN, P.A.  
Account Number : I20000000141  
Phone : (407)841-1550  
Fax Number : (407)841-8746

**CORPORATION REINSTATEMENT**

**ORANGE DEMOLITION AND MATERIALS, INC.**

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