


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2008 JUL 14 AM 7:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA 300133268033 07/22/08--01013--005 **458.75
DOCUMENT # 82430			
1. Corporation Name Great Pines Construction Company Inc. W08000031941			
2. Principal Office Address - No P.O. Box # 1399 Primrose Lane Middleburg, FL 32068 Suite, Apt. #, etc.		3. Mailing Office Address 1399 Primrose Lane, Middleburg, FL 32068 PO Box 201 Middleburg, FL 32068 Suite, Apt. #, etc.	
City & State Middleburg FL		City & State Middleburg FL	
Zip 32068	Country USA	Zip 32068	Country USA
7. Name and Address of Current Registered Agent		REINSTATEMENT CR2E081 (12/07) 06-08 4. Date Incorporated or Qualified To Do Business in Florida 7/13/87 5. FEI Number 59-2792779 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Name Ana M. Lechner			
Street Address (P.O. Box Number is Not Acceptable) 1399 Primrose Lane			
Suite, Apt. #, Etc.			
City Middleburg		State FL Zip Code 32068	
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 <u>Ana M. Lechner</u> Date 7/12/08 <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
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.	Ana m. Lechner	1399 Primrose LA	Middleburg, FL 32068
VP	Anita m. Burns	1399 Primrose LA	Middleburg, FL 32068
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 807.0401 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 contained in Chapter 119, 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: <u>Ana M. Lechner</u>		Date 7/12/08	Daytime Phone # 904-759-0598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			