PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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REINSTATEMENT 02-03

DOCUMENT # J92535

1. Corporation Name

GANN & GANN CONSTRUCTION, INC.

2. Principal Office Address	3. Mailing Office Address
43 Bridgette Loop	P.O Box 2826
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hendersonville NC	City & State: Hendersonville
Zip: / Country:	Zip: 28793 Country: Henderson

4. Date Incorporated or Qualified To Do Business in Florida: 9/11/1987

5. FEI Number: 59-2831053 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: Herbert T Gann
Street Address (P.O. Box Number is Not Acceptable): 21349 Paoli Dr.
Suite, Apt. #, Etc.
City: Land O Lakes State: FL Zip Code: 34639

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: Herbert T Gann Date: 8/12/03
REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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
Sect	Sandra Gann	43 Bridgette Loop	Hendersonville NC 2879
P	Herbert T Gann	21349 Paoli Dr	Land O Lakes Fl 34639
D	Mary Gann Sitton	1914 Haywood Rd	Henderson ville NC 28791

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: Herbert T Gann 8/12/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #