PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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K05673

1. Corporation Name

DANE EDWARDS CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

1211 POINSETTIA AVE

1211 POINSETTIA AVE LEHIGH ACRES FL 339 FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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If above a	ddresses are incorrect in any way, line	through incorrect i	nformation and enter	correction below.	REINS	TATEMENT			
New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State		3. New Mail	New Mailing Office Address, If Applicable			4. Date incorporated of Codimisor To Do Business in Florida 12/08/1987:			
		Suite, Apt. #	Suite, Apt. #, etc.		5. FEI Number Applied For				
		City & State				65-0291775	Not Applicable		
Zip	Country	Zip	Countr	гу	6. CERTIFICATI	E OF STATUS DESIRED 1 58.75	Additional Fee required a Certificate of Status		
7. Names	and Street Addresses of Each Officer a	nd/or Director (Fl	orida nonprofit corpor	ations must list at l	east 3 directors)				
Title(s) Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director			City / State	e / Zip		
P			1211 POINSETTIA AVE		LEHIGH ACRES FL 33930	3			
D DANE, EDWARDS		11. 1	1211 POINSETTIA AVE		LEHIGH ACRES FL 33936				
					1	00003532 -01/11/010 ****758.75	6015 1040005 ****758.75		
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent Name				
EDWARDS, DANE 1211 POINSETTIA AVE				Street Address (P.O. Box Number is Not Acceptable)					
LEHIGH ACRES FL 33936				Suite, Apt. #, Etc. City		State Zip Code			
10. I, being Signature o	g appointed the registered agent of the	_	poration, am familiar w			ion 607.0505, F.S.	-00		

11. 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 filling 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

Dang Green

REGISTERED AGENT MUST SIGN

12-27-00

368-5888

Daytime Pho