PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 SEP 18 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K08595

1. Corporation Name

BLUEGRASS CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
4902 N. HOWARD AVE. SUITE B TAMPA FL 33603-1414 US	4902 N HOWARD AVE SUITE B TAMPA FL 33603-1414 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/23/1987

5. FEI Number: 59-2866985 ☐ Applied For ☐ Not Applicable

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 nonprofit 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	4 City / State / Zip
PD	NETZLER, DAVID E.	10713 CARROLL LAKE DR	TAMPA FL 33618
STD	NETZLER, SHERRY	10713 CARROLL LAKE DR	TAMPA FL 33618

800007807778--3
-09/17/02--01069--011
****300.00 ****300.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
NETZLER, DAVID E. 4902 N. HOWARD AVE SUITE B TAMPA FL 33603-1414	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

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: SIGNATURE REQUIRED Date: 8.29.2002

REGISTERED AGENT MUST SIGN

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 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: SIGNATURE REQUIRED DAVID E NETZLER 8-29-2002 813-267-3411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BLUEGRASS

CONSTRUCTION

September 11, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Document #K08595

Dear Sir or Madam:

I am writing in response to your letter 402A00051094 requesting further information regarding our failure to file our 2001 Uniform Business Report. On August 26, 2002 our secretary/bookeeper since 1999 quit unexpectedly. Upon taking over her position I uncovered numerous past due notices, etc., one of which was your Application for Reinstatement. I telephoned your office and was told to submit a letter stating the fact that we find no evidence of having received prior notices regarding renewal and therefore request reinstatement at the $300 rate.

I hope this clarifies our situation and you will consider our reinstatement as requested.

Please contact me if you have any further questions.

Thank you,

Sherry M. Netzler
Secretary/Treasurer

DAVID NETZLER
4902 N. HOWARD AVENUE • SUITE B • TAMPA, FL 33603
813-873-0079 • FAX 813-877-7474