
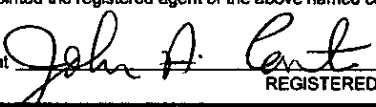



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | |
|--|--|--|---------------------------------|
| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # K67172 | | | |
| 1. Corporation Name Conti Construction Company, Inc. | | | |
| 2. Principal Office Address 6660 Pine Forest Rd. <small>Suite, Apt. #, etc.</small> | | 3. Mailing Office Address 6660 Pine Forest Rd. <small>Suite, Apt. #, etc.</small> | |
| City & State Pensacola, FL | | City & State Pensacola, FL | |
| Zip 32526 | Country USA | Zip 32526 | Country USA |
| 4. Date Incorporated or Qualified To Do Business in Florida 2/6/89 | | 5. FEI Number 592933095 | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | Applied For <input type="checkbox"/> Not Applicable | |
| 7. Name and Address of Current Registered Agent | | | |
| Name John A. Conti | | | |
| Street Address (P.O. Box Number is Not Acceptable) 6660 Pine Forest Rd. | | | |
| Suite, Apt. #, Etc. | | | |
| City Pensacola | | State FL | Zip Code 32526 |
| 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 1-23-02 | |
| REGISTERED AGENT MUST SIGN | | | |
| 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. | John A. Conti | 5317 Bellview Ave. | Pensacola, FL 32526 |
| Vice Pres. | Linda A. Conti | 5317 Bellview Ave. | Pensacola, FL 32526 |
| | | | |
| | | | |
| | | | |
| 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:  | | John A. Conti | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | 1-23-02 | 850-944-1892 |
| Date | | Daytime Phone # | |

FILED
02 JAN 29 AM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **01-02**

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