

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 MAR -3 PM 12:31

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # K97706

1. Corporation Name

SMOAK CONSTRUCTION OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

5122 NW 62 TERR  
 GAINESVILLE FL 32653  
 US

5122 NW 62 TERR  
 GAINESVILLE FL 32653  
 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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/23/1989	
City & State		City & State		5. FEI Number	
Zip		Country		59-2963294	
Country		Country		Applied For	
32656		USA		Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status--	

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ALLEN, EDWIN S., JR.	11626 SW 6TH LANE 7850 NE SR 121	GAINESVILLE FL Williston FL 32696
0	SINISTERRA OMAR	1008 SW 60th Terr.	GAINESVILLE FL 32607
7000003164387-0 -03/09/00--01097--012 ***900.00 ***900.00			
REINSTATEMENT 99-00 TS			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ALLEN, EDWIN S. 5122 NW 62ND TERR GAINESVILLE FL 32653		Name ALLEN EDWIN S Street Address (P.O. Box Number is Not Acceptable) 7850 NE SR 121 Suite, Apt. #, Etc. Williston FL 32696 City Williston FL State FL Zip Code 32696	

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]* **REGISTERED AGENT MUST SIGN** Date: 2-22-2000

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]* **SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: 2-22-2000 (352) 5286033 Daytime Phone #

CR2E040 (8/99)