## 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  06 MAY 19 AM 10: 19
DOCUMENT # 1. Corporation Name		
Armstrong Cons	struction, L.L.C.	
L03000006	•92	
2. Principal Office Address 7021-Starfish Ct. Suite, Apt. #, etc.	3. Mailing Office Address  7021 Starfish Ct. Suite, Apt. #, etc.	CR2E081 (12/05)
City & State	City & State	4. Date Incorporated or Qualified To Do Business in Florida 1/04
Panama City Beach F	- Panama City Beach FL	5. FEI Number Applied For V Not Applicable
32407 Country U.S.A.	32407 Country U.S.A.	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Heath Armstrong Street Address (P.O. Box Number is Not Acceptable)  7021 Starfish Ct.  Suite, Apt. #, Etc.  State Zip Code		
Panama Citu	<u> </u>	FL   32407
Signature of Registered Agent Date REGISTEREO 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	
M Robert Searcu	1735 Bonner	Rd. Bonifay FL 32425
M Ralph Bronun	848 Permier C	Parama City FL 32401
M James Beard	5008 HuntClub	Cr. P.C.B. FL, 32407
	REINST	
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 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 gived by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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 AND TYPED OR PRINTED AND OFFICER OR DIRECTOR  Date  Date  Daytime Phone #		