PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham Secretary of State • REINSTATEM DIVISION OF CORPORATIONS 98 APR 15 AH 11:27 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA J JB EARTH MOVERS INC. Principal Place of Business Mailing Address 9495 EVERGREEN PLACE #107 9495 EVERGREEN PLACE #107 FT LAUDERDALE FL 33324 FT LAUDERDALE FL 33324 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3 New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 09/21/1989 Sulte, Apt. #, etc. Suite, Apt. #, etc 5. FEI Number Applied For 65-0170628 City & State City & State Not Applicable 6 \$8.75 Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) Officer and/or Director (Do NO1 Use Post Office Box Numbers) and/or Directors City / State / Zip D BURANDT, SANDRA J. 9495 EVERGREEN PL #107 FT LAUDERDALE FL D BURANDT.SANDRA J. 9495 EVERGREEN PL #107 FT LAUDERDALE FL D BURANDT, SANDRA J. 9495 EVERGREEN PL #107 FT LAUDERDALE FL 300002494623----04/21/98--01021--013 ****908.7S 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name BURANDT, SANDRA J. Street Address (P.O. Box Number is Not Acceptable) 9494 EVERGREEN PL., #107 FT. LAUDERDALE FL 33324 Sulte, Apt. #, Etc. State Zip Code 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.

12. 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 logal effect as if made under oath.

SIGNATURE: SIGNATURE AND TYPE D OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

11. This corporation owes or has paid the current year

Intangible Personal Property tax due June 30.

3-19-98 954 472 2989

(See other side for information on intangible tax.)