PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION	1		DEPARTMENT OF STATI Secretary of State SION OF CORPORATIONS]	FILED D4 AUG 27 PM 12: 5	9	
DOCUMENT # L 28 1. Corporation Name					SECRETARY OF STATE NLLAHASSEE, FLORIDA			
Fer	reil Flori	Construction da, Inc	on Compa	ny of Worth			•	
			-8 Gilliam Lane					
Suite, Apt. #, etc. Suite, Apt.			Suite, Apt. #,	etc.	4. Date Incom To Do Bus	porated or Qualified //- 13-	1989	
City & State Tallahassee, FL			City & State Tallah	Tallahassee, FL		5. FEI Number Sq-2927/57 Applied For Not Applicable		
Zip 323		Country USB	Zip 32308	Country USA	6	S8.75	Additional Fee required Certificate of Status	
7. Name and Address of Current Registered Agent								
	Name Carl E. FERREU, JR.							
	Street Address (P.O. Box Number is Not Acceptable) 2104-8 Gilliam Lane							
	Suite, Apt. #, Etc.						İ	
	City T	allahasse e	, FL	3		State Zip Code 72308		
8. I, being	appointed the	registered agent of the	above named corpo	oration, am familiar with and accept the	he obligations of sect	on 607.0505 or 617.0503, F.S.		
Signature of Registered		I & Fen		GENT MUST SIGN		Date 8/27/0	Z	
9. Names	and Street Ad	Idresses of Each Officer		orida nonprofit corporations must list	at least 3 directors)			
Titles	Blomp of		Street Address of Each Officer and/or Director		City / State /	Zip		
Pres.	Carl	E. Ferre	11,50	2021 W. Rando	1ph Circle	Tallahassee	FL 32308	
	R	INSTAT	EMENT	2012 -200	4			
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	j.				00 	004058681 84 81867 823 *	O ×758.75	
	1			<u> </u>				
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayling Phone #								
this rei owed b on this	instalement apply the corpora application is	plication, the reason for tion have been paid and true and accurate, and	dissolution has bee the names of individ- ny signature shall h	n eliminated, the corporate name sati duals listed on this form do not qualify ave the same legal effect as if made to CARL E. FERRELL	as provided for in chisfies the requirement of an exemption ununder oath.	#14 - 81867 - 823 ** apter 607 or 617, F.S. I further certs of section 607.0401 or 617.0401.	ity that when filing	

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August 27, 2004

Secretary of State Corporation Division Tallahassee, Florida 32301

RE:

Ferrell Construction Company

L28947

Gentlemen:

Please consider this letter as a request to waive reinstatement fees for the above corporation. I was notified that we are no longer listed as active. After checking with your office I found the last form filed was 1999.

We relocated and changed address several times in the fall of 1999 and 2000. A change of address was sent to the postal service. We did not receive—any—notice—for—the—year 2000.

We would appreciate your help in reinstating this corporation without additional penalties.

Sincerely,

Carl E, Ferrell, Jr.

CEFJF:jf