PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | | _ | TILLER | |
|--|--|-------------------------|---|---|--|--|
| | RPORATION ISTATEMENT | Katheri Secreta | RTMENT OF STATE INE Harris ry of State CORPORATIONS | | O2 FEB 18 AM | |
| DOCU | JMENT # N3822 | -2 | |] | | |
| Carpenters Local Union No. 130 Holding Corporation, Inc. | | | | | | |
| 2: Principa | al Office Address - | 3. Mailing Office Addre | Office Address | | amasembii 18 | T |
| · | <u>.</u> |] | SAME | | Statemen | 1 98-0C |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 9 8 (22.00 | | |
| | | | | 4. Date Incorporated or Qualified To Do Business in Florida 1990 | | |
| City & State | | City & State | | 5. FEI Numbe | OF 035000 | Applied For |
| Žip | West Palm Beach, FL | Zip | Country | <u> </u> | er 65-0356006 | Not Applicable |
| | 33409 USA | Δφ | Country | 6. CERTIFICATE | | Additional Fee required Certificate of Status |
| | | | | | | |
| | Mary Jill Hanson | | | | ا کے ایکس ایکس کے ایکس ایکس ایکس ایکس ایکس | ور المساومين |
| | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | | ******181.25 |
| Suite 510 | | | | · | | |
| <u></u> | City West Palm Beach | | | | State Zip Code | |
| 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 Mary all Hauser Date 2/11/02 | | | | | | |
| registored | | GISTERED AGENT MUS | T SIGN | | Sate | |
| 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 | Nick Theodore | | 4650 SW Monaco Street | | Port St. Lucie, FL 34953 | |
| F/S | Daniel T. Seidel 2674 SW | | 4 SW Cameo Bo | oulevard | Port St. Lucie, FL 34953 | |
| R/S | Jay Bayles | | 1423 W. Central Street | | Lantana, FL 33462 | |
| Trst | Thomas Deese | | 7484 Canal Drive | | Lake Worth, FL 33467 | |
| Trst | Donald Kieffer | | 829 Stafford Drive | | Lake Worth, FL 33467 | |
| Trst | Daniel Shrewsbury | | 1000 Oklawaha Street | | Stuart, FL 34997 | |
| 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 Date Daylime Phone # | | | | | | |