PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State DIVISION OF CORPORATIONS

P00000006697

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

1. Corporation Name

B & B ENTERPRISES CONSTRUCTION DIVISION, INC.

Principal Place of Business

2. New Principal Office Address, If Applicable

Mailing Address

1776 SHERWOOD DR MIDDLEBURG FL 32068 1776 SHERWOOD DR MIDDLEBURG FL 32068

3. New Mailing Office Address, If Applicable

FILED

03 JAN -2 AH 7: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA



•							To Do Business in Florida 01/13/2000			
Suito, Apr. #1 oto.			Suite, Apt. #,	pt. #, etc.			5. FEI Number	59-3619953	Applied For	
			City & State	itate]	29.20 (9920	Not Applicable	
Zip Country		Zip	Zip					i.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Office	er and/or Director (Flo	rida nonpro	fit corporatio	ns must list at le	east 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Ear Officer and/or Direct			:h	City / State / Zip		
DP	BATTIN, ROBERT L			1776 SHERWOOD DR				MIDDLEBURG FL 32068		
DST	T BATTIN, SHERRY E			1776 SHERWOOD DR			4.	MIDDLEBURG FL 32068		
			<u> </u>		<u> </u>					
<u>.</u>							01/02/	00097911 1301075004	**750.00	
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	-									
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
BATTIN, ROBERT L 1776 SHERWOOD DR MIDDLEBURG FL 32068						Name				
					Street Address Suite, Apt. #, E		ss (P.O. Box Number is Not Acceptable)			
							#, Etc.			
	<u> </u>					City		Sta		
					fomiliar with	and accept the	obligations of Sec	tion 607 0505, F.S. or 617.05	505, F.S.	

10. 1, being appointed the registered agent of the above name

Signature of Registered Agent

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: