PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB 12 PM 4:00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 FEB UBR

DOCUMENT # P00000026846

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-02/28/02--01002--006
****300.00 ****300.00

1. Corporation Name

Commercial Construction Management, Inc.

2. Principal Office Address	3. Mailing Office Address
5627 Struthers Court	5627 Struthers Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven, Florida	City & State: Winter Haven, Florida
Zip: 33884 Country: USA	Zip: 33884 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/15/2000

5. FEI Number: 59-3633253 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: GEORGE TRENEN BUSH

Street Address (P.O. Box Number is Not Acceptable): 205 AVENUE K, SE

Suite, Apt. #, Etc.:

City: Winter Haven | State: FL | Zip Code: ~~33884~~ 33880

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: George Trenen Bush Date: 1/17/01
REGISTERED AGENT MUST SIGN

CR2E045 (8/01)

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
P/D	John Edward Craig	5627 Struthers Court	Winter Haven, FL 33884

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 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: [signature] 1/17/01 (863)401-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GATLIN & BIRCH, P.A.
ATTORNEYS AT LAW

C. ELMON GATLIN
DEAN W. BIRCH

OF COUNSEL:
DAVID M. GEORGE

DIXON BUILDING
620 TWIGGS STREET
TAMPA, FLORIDA 33602

TELEPHONE (813) 229-8561
FAX (813) 229-0422

February 8, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Please find enclosed a Corporation Reinstatement Application for Commercial Construction Management, Inc., along with a check #12280 in the amount of $300.00 for fees for the years 2001 and 2002.

If you have any questions, please call our office.

Sincerely,

GATLIN & BIRCH, P.A.

Lori Bonner

Lori Bonner
Legal Assistant to C. Elmon Gatlin

/lb
Enclosures