

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

Jeffrey Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #P00000026846

1. Corporation Name

Commercial Construction Management, Inc.

2. Principal Office Address

5627 Struthers Court

3. Mailing Office Address

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 ☐\$9.75 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*

REGISTERED AGENT MUST SIGN

Date

1/17/01

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)(f), 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:

John E. Craig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/01 (863) 401-8866

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

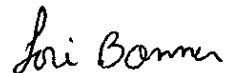
Dear Sir/Madam:

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
Legal Assistant to C. Elmon Gatlin

/lb
Enclosures