PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 21, 2004 8:00 A.M.
Secretary of State

DOCUMENT # P00000052001

600039395476
07/21/04--01090--005 **300.00

1. Corporation Name
K.L. DURANT CONSTRUCTION, INC.

606 SW SARAGOSSA AVE
606 SW SARAGOSSA AVE

2. Principal Office Address	**3.** Mailing Office Address
606 SW SARAGOSSA AVE	606 SW SARAGOSSA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST LUCIE, FL.	City & State: PORT ST LUCIE, FL.
Zip: 34953 / Country: ST. LUCIE	Zip: 34953 / Country: ST. LUCIE

4. Date Incorporated or Qualified To Do Business in Florida 5/26/00

5. FEI Number 650579414 ☐ 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: DURANT, K.L.

Street Address (P.O. Box Number is Not Acceptable): 606 SW SARAGOSSA AVE.

Suite, Apt. #, Etc.:

City: PORT ST. LUCIE | State: FL | Zip Code: 34953

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 _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PT	DURANT,K.L.	606 SW SARAGOSSA AVE	PORT ST LUCIE, FL.34953
VS	DURANT, RENEE J.	606 SW SARAGOSSA AVE.	PORT ST.LUCIE, FL. 34953

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: _____ K L DURANT 7/19/04 772 342 6442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES ST.
TALLAHASSEE, FL.32399

7/19/04

KL DURANT
KL DURANT CONSTRUCTION,INC.
606 SW SARAGOSSA AVE.
PORT ST. LUCIE, FL.34953

TO WHOM IT MAY CONCERN;
I am submitting a reinstatement form for KL DURANT CONSTRUCTION,INC.
A UNIFORM BUSINESS REPORT was sent to your office in July of 2003 as indicated by the copy enclosed.
This report contained a change of address and no other mail has been recieved from the DIVISION OF CORPORATIONS since.
In appling for workmans copensation exemption we have found our coporation is in inactive status.
As per conversation this afternoon with one of your agents I am writing this letter and enclosing the old UBR, and a corporation reinstatemnet form.
I hope this includes everything nessasary to put our corporation in active status.

SINCERELY;

KL DURANT president

DOCUMENT # P00000052001

1. Entity Name
K.L. DURANT CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
253 SW CHERRYHILL RD.	253 SW CHERRYHILL RD.
PORT ST. LUCIE FL 34953	PORT ST. LUCIE FL 34953

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
606 SW SARAGOSSA AVE	606 SW SARAGOSSA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST LUCIE	City & State: PORT ST LUCIE
Zip: 34953 Country: ST LUCIE	Zip: 34953 Country: ST LUCIE

4. FEI Number 65-0579414 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DURANT, K.L.
253 SW CHERRYHILL RD.
PORT ST. LUCIE FL 34953

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After September 16, 2000 Fee will be $400.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT DURANT, K.L. 253 SW CHERRYHILL RD. PORT ST. LUCIE FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT DURANT, K.L. 606 SW SARAGOSSA AVE PORT ST LUCIE, FL 34953	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS DURANT, RENEE J 253 SW CHERRYHILL RD. PORT ST. LUCIE FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS DURANT, RENEE J 606 SW SARAGOSSA AVE PORT ST LUCIE, FL 34953	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] K L DURANT 7/26/[illegible] 772-342-6413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date