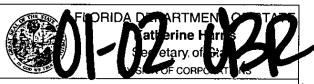
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR TREINSTATEMENT



DOCUMENT #

P00000080563

1. Corporation Name

ON-SITE CONTRACTING, INC.

Principal Place of Business

Mailing Address

6048 OLD BETHEL ROAD CRESTVIEW FL 32536 6048 OLD BETHEL ROAD CRESTVIEW FL 32536 O2 FEB 12 AM 9: 04
TALEAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 08/21/2000 Suite, Apt. #, etc. FEI Number Applied For City & State Not Applicable \$8.75 Additional Fee required Zip Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director PD BOWMAN, FRED P 6048 OLD BETHEL ROAD CRESTVIEW FL 32536 STD **BOWMAN, KIMBERLY C** 6048 OLD BETHEL ROAD CRESTVIEW FL 32536 00|0004962050--3 <u>-02/20/02--01081--014</u> ****300.80 ****300.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name BOWMAN, FRED P Street Address (P.O. Box Number is Not Acceptable) 6048 OLD BETHEL ROAD CRESTVIEW FL 32536 Suite, Apt. #, Etc. City State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

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:

Signature of

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

1-30-02-860-682-3478

Daytime Phone #