PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Secreta	RTMENT OF STATE ary of State CORPORATIONS		FILED 04 JUL -7 AM II: 44
DOCUMENT # POOOOOO95423				SECRETARY OF STATE TALLAHASSEF, FLORIDA
Professional Construction Solutions, Inc.				TALLAHASSEE, FLORIDA
2. Principal Office Address 11601 Round Table Way 11601 Ri		1 Table Way		
Suite, Apt. #, etc. Suite, Apt. #, 6				porated or Qualified iness in Florida
City & State Thonotosassa, FL Thono		issa, FL	5. FEI Numbe	OCT-10,0000
33592 Country USA	^{zip} 33592	USA	A	E OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent				
Steven K. Tozier, Sr. Street Address (P.O. Box Number is Not Acceptable) 300038848523 11601 Round Table Way 07/07/0401080011 ***305.75 Suite, Apt. #, Etc. City Thonotosassa FL 33592				
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 U 30 01 REGISTERED AGENT MUST SIGN				
9. Names and Street Addresses of Each Officer and/or Director Plonda nonprofit corporations must list at least 3 directors)				
Titles Name of Officers and/or Director	3	Street Address of Each Officer and/or Director		City / State / Zip
P/F Steven K. Tozi	-1,0,-,			Thonotosassa, FL 33592
V/S Debra A. Tozia	er 11601	11601 Round Table Way		Thonotosassa, FL 33592
person OS OU				
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 filling 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 advantate, and my signature shall have the same legal effect as if made under oath.				
SIGNATURE: SIGNATURE MAD TYPED OR P	RINTED NAME OF SIGNING	PRICER OF DIRECTOR	ે પીઝ	04 813-505-12.1do Date Daytime Phone #

PROFESSIONAL CONSTRUCTION SOLUTIONS, INC.

11601 ROUND TABLE WAY THONOTOSASSA, FL., 33592 CG – C059974 CELL (813) 505-1266

June 30, 2004

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

To Whom It May Concern:

In attempting to open a new bank account for my business, it was brought to my attention that my corporation is currently listed in an inactive status. My contractor's license is in good standing and I believed that my business was in good standing as well. However, that doesn't seem to be the case.

On June 29, 2004, I spoke with Kathy in the reinstatement office and she confirmed that my corporation is in an inactive status. Although I have recently been notified that my registered agent is under investigation with the state of Florida, I relied on them to complete any necessary paperwork. After explaining this to Kathy she directed me to print a reinstatement application form from the website, fill it out, and write this letter to you explaining the situation. She also stated that I should send a check for \$300 and request a reinstatement waiver fee since I was not aware of the lapse of my corporate status.

If you have any questions concerning what I have mailed to you, please contact me at (813) 505-1266 or at the address noted above.

Sincerety

Steven K. Tozier, Sr.

President