
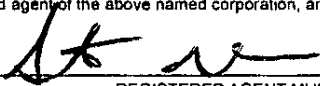



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000 112817			
1. Corporation Name GARRETT CONSTRUCTION AND DEVELOPMENT INC.			
2. Principal Office Address - No P.O. Box # 6350 SW 1 COURT Suite, Apt. #, etc.		3. Mailing Office Address 6350 SW 1 COURT Suite, Apt. #, etc. P	
City & State PEMBROKE PINES FL		City & State PEMBROKE PINES FL	
Zip 33023	Country USA	Zip 33023	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 12-04-2000		5. FEI Number 65-1061475	
6. CERTIFICATE OF STATUS DESIRED		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent Name STEVEN SCOTT GARRETT Street Address (P.O. Box Number is Not Acceptable) 6350 SW 1 COURT Suite, Apt. #, Etc. PEMBROKE PINES City FL State 33023 Zip Code		8. 600277327386 09/22/15--01022--030 **350.00 600277327386 09/22/15--01022--029 **1000.00	
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 9-18-15 REGISTERED AGENT MUST SIGN			
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	STEVEN SCOTT GARRETT	6350 SW 1 COURT	PEMBROKE PINES, FL 33023
REINSTATEMENT 2011-2015			
10. E-mail Address: SS GARRETT@BELLSOUTH.NET (To be used for future annual report notification)			
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S. SIGNATURE:  9-18-15 954 982 6450 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			