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APPROVAL AND

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

03 MAR 12 AM 7:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO1600011924

1. Corporation Name
O.D. Jones Construction, Inc.

2. Principal Office Address
2860 91 Mine Rd
Suite, Apt. #, etc.

3. Mailing Office Address
PO Box 1552
Suite, Apt. #, etc.

City & State
Bartow, FL
Zip
33830
Country
US

City & State
Bartow, FL
Zip
33831
Country
US

4. Date Incorporated or Qualified To Do Business in Florida
JANUARY 2001
5. FEI Number
59-3696242
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

2002-2003 UBR

7. Name and Address of Current Registered Agent

Name
Otha E. Jones
Street Address (P.O. Box Number is Not Acceptable)
707 Sand Ridge Dr
Suite, Apt. #, Etc.
City
Valrico
State
FL
Zip Code
33594
080013315070
03/11/03--01039--010 **300 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 3-7-03
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
Pres	Otha D. Jones	2860 91 Mine Rd Bartow, FL 33830	Bartow, FL 33830
V. Pres	Otha E. Jones	2860 91 Mine Rd Bartow, FL 33830	Valrico FL 33594
Secretary	Vivian K. Jones	707 Sand Ridge Dr Valrico, FL 33594	Bartow, FL 33830

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: Otha E. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 3-7-03
Daytime Phone # 863-533-6630

CR2E081 (10/02)

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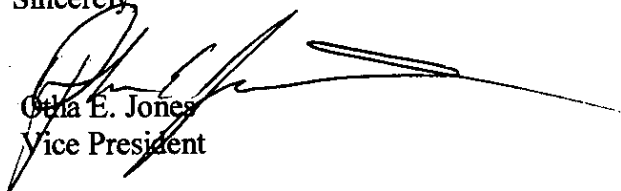
O. D. JONES CONSTRUCTION, INC.
P.O. Box 1552
Bartow, FL 33831
Office: 863-533-6630 Fax: 863-533-1784
Email: odjconstruct@aol.com

March 7, 2003

Subject: Corporation Reinstatement

1. Per the phone conversation with your office on 6 Mar 03, we are requesting to be reinstated. We never received any notifications through the mail, nor did anybody from the Division of Corporations contact us about our upcoming dues for 2003. Our correct mailing address is the address shown above in our letterhead.
2. If you have any questions regarding this matter please contact me, Eric Jones at (863) 533-6630.

Sincerely



Orla E. Jones
Vice President

Enclosure: (1) Corporation Reinstatement