


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

03 NOV 24 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO1000024580**

1. Corporation Name
PLS CONSTRUCTION WC

2. Principal Office Address
189 CADDY RD

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
ROTUNDA FL

Zip Country
33947 95

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida
3-8-01

5. FEI Number
593703883

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
FRANK HOLLEY

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

Suite, Apt. #, Etc. **000024981290**

City
ROTUNDA FL 33947

State Zip Code
FL 33947

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 **Frank Holley** Date **11-19-03**

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	FRANK HOLLEY	189 CADDY RD	ROTUNDA FL 33947
DIR	MATTHEW HOLLEY	"	"
DIR	ERIC HOLLEY	"	"
DIR	FRANK W	2805 8TH ST	VERO BEACH FL 32968

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: **Frank Holley** Date **11-19-03** Daytime Phone # **9417169654**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E051 (10/02)