

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -7 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000036290

1. Corporation Name

STIERMAN CONSTRUCTION, Inc.

REINSTATEMENT 03
500029592925
10/07/03--01001--029 **758.75

2. Principal Office Address
11100 CALUMET DR
Suite, Apt. #, etc.

3. Mailing Office Address
11100 Calumet Dr
Suite, Apt. #, etc.

City & State
New Port Richey, FL
Zip 34654 Country Pasco

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New Port Richey, FL
Zip 34654 Country Pasco

4. Date Incorporated or Qualified To Do Business in Florida 4-5-01

5. FEI Number 59-3713708 Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

Name BRIAN STIERMAN

Street Address (P.O. Box Number is Not Acceptable)
11100 Calumet Dr

Suite, Apt. #, Etc.

City New Port Richey State FL Zip Code 34654

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 *Brian Stierman* Date 9/30/03

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.	Brian Stierman	11100 Calumet Dr	New Port Richey FL 34654
Sec.	Mary Stierman	11100 Calumet Dr.	New Port Richey, FL 34654

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)(f), 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: *Brian Stierman* Date 9/30/03 Daytime Phone # 727-856-1389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/03