CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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04 APR -1 PM 12: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000047963

1. Corporation Name
Frontline Construction of North Florida, Inc.

6000031680896
04/01/04--01025--004 ****308.75

2. Principal Office Address	**3.** Mailing Office Address
2104 Ocean Dr. South	2104 Ocean Drive South
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 5/8/01

City & State	City & State
Jacksonville Beach, Florida	Jacksonville Beach, Florida

5. FEI Number 593715154

Applied For ☐
Not Applicable ✓

Zip	Country	Zip	Country
32250	USA-1	32250	USA

6. CERTIFICATE OF STATUS DESIRED ☑

$8.75 Additional Fee required for a Certificate of Status

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7. Name and Address of Current Registered Agent

Name
Kyle R. Winn Winn

Street Address (P.O. Box Number is Not Acceptable)
2104 Ocean Drive South
Suite, Apt. #, Etc.

City Jacksonville Beach	State FL	Zip Code 32250

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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 Kyle Winn
REGISTERED AGENT MUST SIGN

Date 3-28-04

CR2E081 (01/04)

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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/T/S/VP	Kyle R. Winn	2104 Ocean Dr. South	Jacksonville Beach, FL 32250

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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: Kyle Winn   Kyle Winn   3-28-04   (904) 651-8545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #