PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF Secretary of State DIVISION OF CORPORATIONS							•	FILED 03 MAR 26 AM 8: 36			
DOCUMENT # PO10006 59519 1. Corporation Name Parther Contracting + Development Corp								SECRETARY OF STATE TALLAHASSES, FLORIDA			
2. Principal Office Address 3660 NW 126th AVP. Suite, Apt. #, etc. 5 City & State Coral Springs, F4				Suite, Apt. #	Suite, Apt. #, etc. Scity & State Coral Springs, F1			4. Date Incorporated or Qualified To Do Business In Florida 5. FEI Number Applied For Not Applicable			
330	165	Country	SA	330	55	Country	A	6. CERTIFICATI	OF STATUS DESIR	ED ☑ \$8.75 Add	ditional Fee required ertificate of Status
Name In a Rejistered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Ant. #, Etc. City City City State State FL 32/65 8- I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 1 2 2 2 2 3 3 3 6 5 6 6 17.0503, F.S. Page 1 2 2 3 3 6 5 6 17.0503, F.S. Page 2 3 3 6 5 7 6 17.0503, F.S. Page 3 3 6 7 6 17.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Page 3 2 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7											CR2E081 (10/02)
Titles	N				Street Address of Each Officer and/or Director				City / State / Zip		
Pres.	Elsi	Λq	Reilly		2525		95147	?rr	Coral	Springs	5,FC3306
											
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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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Description of 617, F.S. I further certify that when filing this reinstance of 1											

gr 4/1.

Panther Contracting and Development Corp.

March 18, 2003

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

As per our phone conversation, attached you will find a copy of my 2002 Uniform Business Report and a corporation reinstatement form. The money order sent in with the UBR has not been cashed and my money is being refunded. My check in the amount of \$308.75 is enclosed, please send Status Certificate as soon as possible.

Sincerely,

Elrina Reilly, Pres.