PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 500012964385 02/21/03930197727 <sup>015</sup> ***300.00 02/21/03930197727 <sup>01</sup> 44 9:56
DOCUMENT # POI 000 10 58 3 9 1. corporation Name Pol 1000 Services, Inc		SECRETY STATES 500/01/2964 985 02/21/03-01077-016 08/08.75
Advantage Constructio	n Services, Inc	
2. Principal Office Address 9511 AQUA Lane	3. Mailing Office Address P.O. BOX 235	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
		Date Incorporated or Qualified     To Do Business in Florida
Odessa, FL	Safety Harbor, FL	5. FEI Number Applied For Not Applicable
Zip Country 33556 USA	Zip Country 34695 USA	6. CERTIFICATE OF STATUS DESIRED W \$8.75 Additional Fee required for a Certificate of Status
	7. Name and Address of Current Register	ed Agent
Name Grega C.	Terry	
Street Address (P.O. Box Number is Not Acceptable)		
9511 agua lane		
Suite, Apt. #, Etc.		
city Odessa, FL	33556	State Zip Code <b>FL</b> 3355\psi
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		Digations of section 607.0505 or 617.0503, F.S.
REGISTERED AGENT MUST SIGN		) § § 5, 5 5, 20, 20
9. Names and Street Addresses of Each Officer and/of 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	
P Grega C. Terry	9511 Agua Lane Odessa, FL 33556	
7,		
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 filling 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: 02-18-03 (727) 515-0329  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Daytime Phone #		

gr 2/24



February 18, 2003.

Department of State Division of Corporation PO Box 6327 Tallahassee, FL 32314

Dear Reinstatement Office:

I am writing to you on behalf of Advantage Construction Services, Inc, FEI # 65-1151400. Advantage Construction was unable to file a UBR for 2002 and as a result the company shows inactive.

Unfortunately, any previous notices were not received. It is my understanding that your office in Tallahassee has records of the notices mailed to us being returned to your office as undeliverable.

I hereby would like to request you accept our CK # 1131 in the amount of \$300.00 as complete and satisfactory Reinstatement Fee and waive the late fees.

In addition, I am also including CK # 1132 in the amount of \$8.75 to be able to receive a Certificate of Status.

I sincerely appreciate your help in this matter.

Sincerely,

Gregg Terry President