PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P01000113325

1. Corporation Name

DRI-ZONE RESTORATION AND CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

2499 GLADES RD., STE, 303

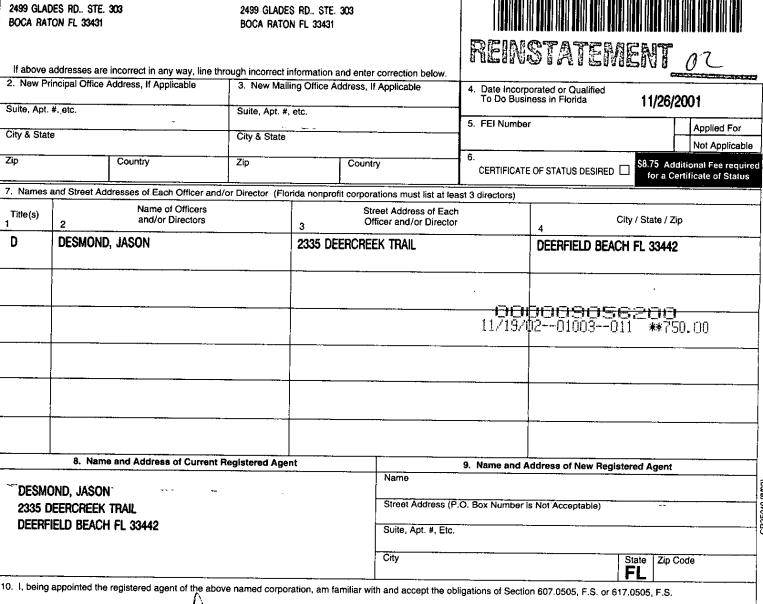
2499 GLADES RD., STE, 303

BOCA RATON FL 33431

FILED

02 NOV 18 PM 12: 44

SECRETARY OF STATE TALLAHASSEE, FLORIDA



11. 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

SIGNATURE:

Signature of Registered Agent

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath,

Date 11 - 14 - 07

CR2E040