CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 13 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01 000119859

1. Corporation Name
Northern Construction of South Florida, Inc.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
2300 Glades Road	2300 Glades Road
Suite, Apt. #, etc.: Suite 400 East Tower	Suite, Apt. #, etc.: Suite 400 East Tower
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33431 Country: USA	Zip: 33431 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/18/2001

5. FEI Number: 260000895 ☐ 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: Gregg W. McClosky

Street Address (P.O. Box Number is Not Acceptable): 2300 Glades Road

000039072500
07/13/04--01067--023 **308.75

Suite, Apt. #, Etc.: Suite 400 East Tower

City: Boca Raton State: FL Zip Code: 33431

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: _____ Date: 7/9/04
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
D	Craig M. Richards	2300 Glades Road Suite 400 East Tower	Boca Raton, FL 33431
D	Jan M. Richards	2300 Glades Road Suite 400 East Tower	Boca Raton, FL 33431

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: Craig M Richards Craig M Richards 7/9/04 801-362-5560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #