FILED
03 DEC 10 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03

900025385609
12/10/03--01022--019 **750.00

DOCUMENT # P01000121131

1. Corporation Name
JOHN HOLLAND CONTRACTORS INC

2. Principal Office Address		3. Mailing Office Address	
228 US HIGHWAY 17		228 US HIGHWAY 17	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: YULEE, FLORIDA		City & State: YULEE, FLORIDA	
Zip: 32097	Country	Zip: 32097	Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/21/01

5. FEI Number: 03-0502033 ☐ 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: HOLLAND, JOHN

Street Address (P.O. Box Number is Not Acceptable): 228 US HIGHWAY 17

Suite, Apt. #, Etc.

City: YULEE State: FL Zip Code: 32097

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 ____________

REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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	HOLLAND, JOHN	228 US HIGHWAY 17	YULEE, FLORIDA 32097
V	HOLLAND, DEBBIE	228 US HIGHWAY 17	YULEE, FLORIDA 32097

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: John Holland 12-3-03 904-225-0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #