PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda_E. Hcod Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000012788

1. Corporation Name

R.A. GREAVES CONSTRUCTION, INC.

Principal Place of Business

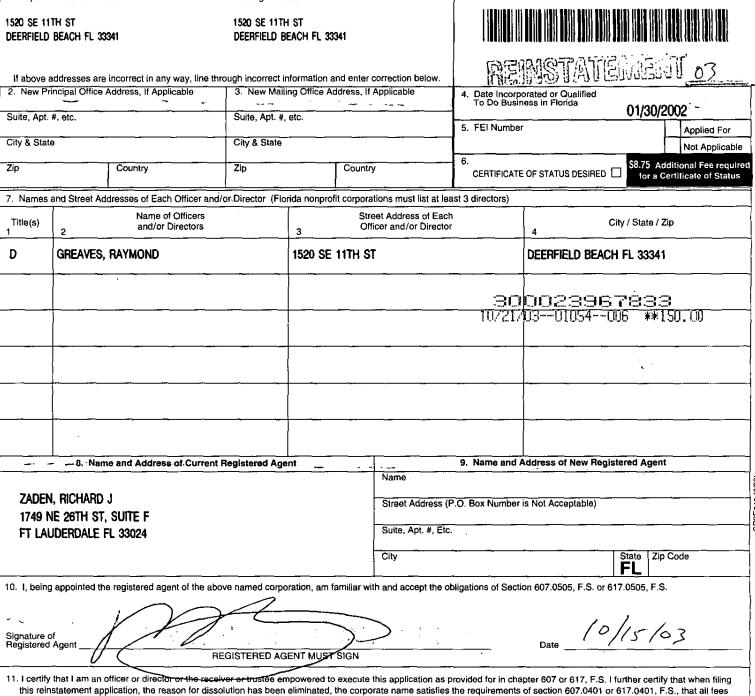
SIGNATURE:

Mailing Address

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SECRETARY OF STATE TALLAHASSEE FLORIDA



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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 16, 2003

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, Fl 32399

Re: R. A. Greaves Construction, Inc - Document Number P02000012788

Please accept my application for renewal and activation of my corporate status and abate any of the reinstatement fees for the following reasons.

On April 22, 2003 I sent in the renewal form along with Check # 1232 for \$ 150.00 which was returned to me for form being incompletely filled out.

On July 30, 2003 I sent in the returned renewal form along with Check # 5514 for \$ 150.00.

On September 19, 2003 my corporation was put in the inactive status, I have called your office and have been informed that you have never received this last renewal and check.

Please accept this letter, renewal form and check without penalty.

Thank you in advance for your help in this matter.

Raymond Greaves

Sincerely