PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			,	OTTO DEL OTTE (OOMII LL I	1144 1	LIIO LOLIIM	•		
•	RPORATI	(5 mar. 2. Lat 25)	Secre	ARTMENT OF STATE etary of State of Corporations		04 F	EB 9 PH	3.00	·	
DOCUMENT # P02000022618 1. Corporation Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Soli	d Rock	Construction o	of Florida,	Inc.				-7.		
			3. Mailing Office A	Office Address		EINSTATEMENT 03-0				
4013-B Woodville Hwy.			P.O. Box 7297					-	m/	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		4. Date Incor	porated or	Qualified 037	/01/02	///	
City & State			City & State		5. FEI Numbe			- 1		
Tallahassee, FL			Tallahassee, FL		3. FEI NUMBE		3043512		plied For t Applicable	
Zip		Country	Zip	Country	6.		20	75 Additional		
3231	<u> </u>	USA	32314	USA	CERTIFICATI	E OF STATU	JS DESIRED 🔀 🕏	for a Certificat	e of Status	
	Street Addi 24 Suite, Apt.	mont			02/23	State FL	2925 1 01071025 Zip Code 32336		75	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obl Signature of Registered Agent REGISTERED AGENT MUST SIGN						DateDate				
9. Names	and Street Ad	dresses of Each Officer and	/or Director (Florida no	nprofit corporations must list at le	ast 3 directors)					
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip				
Mr	Joshua Moore, Jr.		13	1327 Airport Dr., E-14		Tallahassee, FL 32304				
S _{Ms} .	Carolyn Moore			246 Hall Road		Lamont, FL 32336				
Mr.	Cedric Moore, Er.			119-l Dixie Drive		Tallahassee, FL 32304				
V ^ρ _{Mr} .	Jo W. Moore			246 Hall Road		Lamont, FL 32336				
								. <u>-</u> .		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/04 (850)576-4662

Daytime Phone #

Solid Rock Construction of Florida, Inc.

P. O. Box 7297 Tallahassee, Florida 32314

February 6, 2004

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

This letter is to certify that Solid Rock Construction did not receive the necessary paperwork to maintain its corporate standing with the State of Florida. Please take the necessary steps to reinstate our corporate license.

If you have any questions or need additional information, please do not hesitate to contact me at the above address or call (850) 576-4662.

Sincerely,

Carolyn Moore \
Registered Agent