PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT			PARTMEI retary of S	State	0	SECRETARY OF STATE TALLAHASSEE FLORIDA 04 MAY 12 PM 1: 15	
DOCUMENT # ₽0200052933 1. Corporation Name								
Joe Grenat Construction INC								
						REINSTATEMENT 03-04		
2. Principal	Office Address MOSS Law	chise	1100 M	3. Mailing Office Address 108 Mosswaad Chase				
Suite, Apt. #,			Suite. Apt. #, etc.				orated or Qualified ness in Florida 5 - 14 - 62	
City & State Tall ahussee Fl			City & State Tallahassee F1			5. FEI Number	Applied For	
^{z1} 323)SA	Zip 323/2	Cou		6. CERTIFICATE	OF STATUS DESIRED S 88.75 Additional Fee required for a Certificate of Status	
				and Addres	s of Current Register	ed Agent		
	Name Joe Grenat							
	Street Address (P.O. Box Number is Not Acceptable)							
	Suite, Apt, #, Etc. US/24/U4U1U88U11 ***31							
	City Tula	hussee		 ,			State Zip Code FL 323/2	
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 5-/2-04 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	Officer	3	Street Address of Each Officer and/or Director			City / State / Zip		
5	Tim Franklin			1551 Cheyave Ct. tc			Tulluhussee F132304	
VP	Clint K	Sentry	ier 15	51	Cheyane C	t. #c	Tallahussee Fl 32304	
P	Ben Grenat			1108 Mosswood Chase			Tullahusse F1 323/2	
CEO	Toe 6	revat		D9 1	Mosswace)	chuse	Talluhusse Fl 323/2	
Secrety A4114.	Grega	Jone	5	770 A	PPleyard [Pt6A	Tullahusse F1 32304	
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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 CRAPTINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Prone *								