PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 10 APR -6 AMII: 36
DOCUMENT # P 0 3 0 0 0 0 2 5 0 1 3 1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORE
I. Corporation Name E-Block Construction & Development Corp		REIN	NSTATEMENT07-
Principal Office Address - No P.O. Box #	3. Mailing Office Address		/1001035008 **600.00
6302 Saches lane	Same		CR2E081 (11/09)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u></u>	
A A	NA		porated or Qualified ness in Florida 3-33-04
City & State	City & State	5. FEI Numbe	
Bradenton F	Same	77-0	0593590 Not Applicable
34202 Ravatee	34202 Maratee	6. CERTIFICATE	SOF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
	f Current Registered Agent	,	
Name Joseph R Kolbe		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you	
Street Address (P.O. Box Number is Not Acceptable)			
6300 Spyglass lare		are certifying the prior notices were not	
βA		received and requesting the reinstatement fee be waived.	
Braden ton	State Zip Code FL 3420 2	190 20	
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 4-3-160 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 Directo		City / State / Zip
Res Scott Kolbe	10128 wood bo	unn	BiRtanton A: 34202
VP Joseph Lolbe	6302 Spiglie	s In	Bradonton F1 34200
For Todd Kolbe	8129 Courlyard	Loop	Pank City Uton 84098
	·		′
			X4/8
10. E-mail Address: KJK38@ TAMO DAY. FF. Com (To be used for future annual report notification)			
11. 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. I further certify, 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: OSEPH KOLDE 4-3-10 941-751-1004 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			