PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS							FILED 06 FEB 27 PH 3: 14				
DOCUMENT # 1. Corporation Name							TALÉANTS TE, EL CADA				
Hanly Construction, Inc. P03000078576							(3/1) (3	0 00 8/067	67969 WW.J ₇₁ 00	5 41 3 與古 * *10	5 0.00
2. Principal Office Address 15524 Greater Groves Blvd. 3. Mailing 0 15524 G					office Address Greater Groves Blvd.			A.I.E.	() (로) (네르) CR2E081 (12/0	いりし <u></u>	04-06
Suite, Apt. #, etc. Suite, Apt. #,				atc.			4. Date Incorporated or Qualified 7/17/2003				
City & State Clern	nont, F	:L	Clermont, FL				5. 52-24	0627	0		plied For t Applicable
34714	34714 ÜSA		34714		ŰŜĂ		6. CERTIFICATE OF STATUS			75 Additional for a Certificat	
7. Name and Address of Current Registered Agent											
	Jinger L. Phelps										
	1552		-,]					
	Suite, Apt. #, Etc.										
	Člermont							State FL	<i>3</i> 4714		
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 24 FEB X											
9. Names	and Street-	ddresses of Each Officer and	l/or Director (Flo	rida nonpri	ofit corporations must I	ist at le	ast 3 directors)		·		
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director							
P	Jinger L. Phelps			15524 Greater Groves Blvd				Clermont, FL 34714			
٧	JT Phelps			15524 Greater Groves Blvd. Clermont, FL 3471						3471	4
			19311								
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 contained in Chapter 119, 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: FT PLANE JT PHELPS 24 FEB 06 467 832-2487 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone II											