· 12 de 19 4.0

## PLEASE READ ALL INSTRUCTIONS BEFORE CO.

APPROVED AND FILED

TELAGE HEAD ALE INSTITUTION IN STREET OFFICE						FILED			
	RPORATION STATEMENT		FLORIDA DEPARTME Secretary of DIVISION OF CORPO	ENT OF STATE State		5 MAR I 4 PI ECRETARY OF ILLAHASSEE,			
DOCUMENT # PO3 DOOD 9 0341  1. Corporation Name Black Ball Construction, Inc.  Blackball Construction, Inc.					REINSTATEMENT 04-05				
12204 Glenhill Dr. 1220			3. Mailing Office Address  / 2204 C/rn/ Suite, Apt. #, etc.	4 Chenhill De.		orated or Qualified	M	RS	
City & State -River Zip 335	TVIEW -	7=1: i//s.	City & State  RIVERVIEW  Zip  Con  33569	4.115	5. FEI Number 4/1 - 2/1	ess in Florida		Applied For Not Applicable onal Fee required licate of Status	
Name Ld until Riopelle  Street Address (P.O. Box Number is Not Acceptable)  12204 Glenhill R.  Suite, Apt. #, Etc.  City  RiveSview  FL 33569									
8. 1, being Signature of Registered	appointed the register		ve named corporation, am familia	r with and accept the ob	bligations of section	n 607.0505 or 617.05 Date			
9. Names	and Street Addresses	of Each Officer and	Vor Director (Florida nonprofit cor	porations must list at lea	ast 3 directors)				
Titles	Office	Name of rs and/or Directors		Street Address of Each Officer and/or Director		C	ity / State / Zip	:	
PID	Susie	Riopelle	12204	Glenhill 1	2.	Riverr	ion, FC	33569	
S/D	Edwar	1. Riose	Me. 12204	Elenhill L		Riverv	jeu FE	33589	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				004882  S01004			
	<del></del>				40) 03/22/	004882 1501004	26U 14 003 **15	0.00	

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

<u>/-3-05</u>

Daytime Phone #