

PLEASE READ ALL INSTRUCTIONS BEFORE CO.

APPROVED
AND
FILED

05 MAR 14 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 903000090341

1. Corporation Name
~~Black Ball Const. Inc.~~
Blackball Construction, Inc.

REINSTATEMENT 04-05

2. Principal Office Address
12204 Glenhill Dr.
Suite, Apt. #, etc.

3. Mailing Office Address
12204 Glenhill Dr.
Suite, Apt. #, etc.

MRS

City & State
Riverview - Fl.

City & State
Riverview - Fl.

Zip Country
33569 Hills.

Zip Country
33569 Hills

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
41-2105423

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Edward R. Riopelle

Street Address (P.O. Box Number is Not Acceptable)
12204 Glenhill Dr.

Suite, Apt. #, Etc.

City
Riverview

State
FL

Zip Code
33569

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 Edward R. Riopelle Date 1-3-05
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 Director	City / State / Zip
P/D	Susie Riopelle	12204 Glenhill Dr.	Riverview, FL 33569
S/D	Edward Riopelle	12204 Glenhill Dr.	Riverview, FL 33569
			400048826074 03/22/05--01004--002 **750.00
			400048826074 03/22/05--01004--003 **150.00

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 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 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: Edward R. Riopelle Date 1-3-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CPRE001 (01/04)