


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAY 23 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000094271

1. Corporation Name

Billy Porter Construction, Inc.

2. Principal Office Address

3594 Springs Creek Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Crawfordville

City & State

7

Zip

32327

Country

USA

Zip

Country

REINSTATEMENT

CR2E081 (12/05)

04-06 Rec

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

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

Billy Porter

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

3594 Springs Creek Rd

Suite, Apt. #, Etc.

Crawfordville

City

State

FL

Zip Code

32327

300075561533
05/31/06--01033--010 **450.00

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

Billy Porter

REGISTERED AGENT MUST SIGN

Date

5/21/06

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 Owner	Billy Porter	3594 Springs Creek Rd	Crawfordville 7/ 32327

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:

Billy Porter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/21/06

Daytime Phone #

202

Billy Porter Construction, Inc.

PO30000 942 71

I did not receive the annual report info
for the year 2004.

Billy Porter

5/23/06