PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

					FL		
	RPORATION ISTATEMENT	Secreta	RTMENT OF STATE ry of State corporations	<u> </u> 	05 DEC -5	Pii 9: 26	
DOCUMENT # P03000098648 1. Corporation Name					•	A CONTRACTOR OF STREET	
Bedlam Enterprises, Inc.					•		
2. Principal Office Address 3. Mailing Office Address				-			
·	stlebenry Investments	Same			CR2E081 (8/05)		
Suite, Apt.		Suite, Apt. #, etc.					
PO Box					rated or Qualified ess in Florida	9/9/2003	
City & State		City & State	& State			Applied For	
Elk Cit	Country	Zip	Country		02_0679610 Not Applicable		
73648	1 "]		6. CERTIFICATE	OF STATUS DESIRED	S8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent							
	Vince Viana Vince Viana						
	Street Address (P.O. Box Number is Not Acceptable) 7651 Gatte Parkway						
	Sulte, Apt. #, Etc. #2306						
	Jacksonville (State Zip Code FL 32256		
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 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		
Р	Roger Castleberry	6301 8	6301 Stoneham		Amerillo, TX 79109		
VP	Thomas David Castleber	ry 1810 t	1810 Westwood Place		Elk City, OK 73644		
s	Paul Somentino	2002 1	2002 W. 3rd		Stillwater, OK 74074		
т	Vince Viana	7651	7651 Cate Parkway, #2306		Jacksconville, FL 32256		
	,				900061911929 12/05/0501052020 **900.00		
10. I certify that I am an officer or director or the receiver or trustae 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 feas 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: 904-864-6596							
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							
