PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 12 MAY 15 PM 4: 13			
DOCUMENT # P0400002277 1. Corporation Name					SECRETARI OF STATE TALLAHASSEE, FLORIDA		
Jerry Franklin Construction, Inc.							
Principal Office Address 823 Broxso	Mailing Office Address 823 Broxson Road			800235152678 05/15/1201044002 **500.00			
Suite, Apt. #, etc. Suite. Apt. #, etc.						CR2E081 (11/10) orated or Qualified ness in Flonda 12/22/2002	
City & State Holt, Florida	City & State Holt, Florida		To Do Business in Florida 12/22/2003 5. FEI Number				
32564.	2564. USA		32564 Country		6		
7. Name and Address of Current Registered Agent						· · · · · · · · · · · · · · · · · · ·	
Name Jerry Franklin Street Address (P.O. Box Number is Not Acceptable)					800235152678 05/15/1201044003 **500.00		
823 Broxson Road					03/13/12=01044=003 ***300.00		
Suite, Apt. #, Etc.					800235152575 0575712-01044-004 **350.00		
City State Holt FL				Zip Code 32564	05.71571201044884 ***350.00		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the of Signature of Registered Agent REGISTERED AGENT MUST SIGN					Date		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea					ast 3 directors)		
Titles				Street Address of Each Officer and/or Director		City / State / Zip	
D Jern	Jerry Franklin 823 Broxson Ro				ad	Holt / FL / 32564	
				<u> </u>	<u> </u>	D (_ 1 1	
	MAY 1 5 2012						
T. SCOTT REINS TATEMENT							
10. E-mail Address: (To be used for future annual report notification)							
11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817, 155, F.S. SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							