


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

08 JUL 22 AM 10: 09

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000019418

1. Corporation Name

Rix Construction Services Inc  
416 NW Woodlands Terrace  
Lake City FL 32055

2. Principal Office Address - No P.O. Box #

416 NW Woodlands Ter

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Lake City FL

City & State

Zip

32055

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/28/04

5. FEI Number

52-2439784

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

James Rix Jr

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

416 NW Woodlands Ter

Suite, Apt. #, Etc.

City

Lake City FL

State

FL

Zip Code

32055

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Date

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
<u>Pres</u>	<u>James Rix Jr</u>	<u>416 NW Woodlands Ter</u>	<u>Lake City FL 32055</u>
			<u>600133307456</u> <u>07/22/08--01047--005 **450.00</u>
	<u>7/23</u>		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/08 (386) 365-5685  
Date Daytime Phone #