PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		•		P26 AMIN: 25
Visit 1					2007 SEP 26 AM 10: 25		
DOCUMENT # P04000034912 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE.FLORID		
RICH CONSTRUCTION COMPANY							
					_{nr}		105-07
2. Principal Office Address - No P.O. Box # 5064 Persimmon Hollow Road			3. Mailing Office Address 5064 Persimmon Hollow road		REINSTATEMENT 05 - 05 - 05 - 05 - 05 - 05 - 05 - 05		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
			C4 - 2 C4 - 4			orated or Qualified ness in Florida 02/20/	2004
MILTON, FLORIDA			MILTON, FLORIDA		156-24385U3		Applied For Not Applicable
^{zip} 3258	3	SANTA ROSA	^{Zip} 32583	SANTA ROSA			Iditional Fee required ertificate of Status
7. Name and Address of Current Registered Agent							
ំ Pauletta H. Rich					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		
Street Address (P.O. Box Number is Not Acceptable) SU64 Persimmon Hollow Road							
Suite, Apt. #, Etc.							
Milt	ON		State 32583		fee be waived.		
8. I, being appointed the registered agent of the above named corporation, are familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.							
Signature of Registered Agent REGISTERED AGENT MUST SIGN						Date 24 Sept	07
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Titles	None of			Street Address of Each Officer and/or Director		City / State / Zi	ip
P/V/S	GUS E. RICH		5064 F	5064 PERSIMMON HOLL		MILTON FLORII	DA 32583
T/D	GUS E. RICH 5064 PERSIMMON H		PERSIMMON HOLL	OW ROAD	MILTON, FLORI	DA 32583	
	GUS	E. RICH	5064 P	5064 PERSIMMON HOLLOW		MILTON, FLORI	DA 32583
				•		001099515 /0701031012	07 **450.00
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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 OFFICEROR DIRECTOR Dafe Daytime Phone #							