

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN -3 PM 4:30

DOCUMENT # P04000137778

1. Corporation Name

KEITH BURGESS CONSTRUCTION, INC.

000083766910
01/09/07--01021--004 **450.00

REINSTATEMENT 05-07

2. Principal Office Address

3570 NW 35TH WAY

Suite, Apt. #, etc.

City & State

LAUDERDALE LAKES, FL

Zip 33309

Country US

3. Mailing Office Address

3570 NW 35TH WAY

Suite, Apt. #, etc.

City & State

LAUDERDALE LAKES, FL

Zip 33309

Country US

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/2004

5. FEI Number

81-0575204

Applied For

Not Applicable

7. Name and Address of Current Registered Agent

Name

KEITH BURGESS

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

3570 NW 35TH WAY

Suite, Apt. #, Etc.

City

LAUDERDALE LAKES

State
FL

Zip Code

33309

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*Keith Burgess*

KEITH BURGESS

Date 12-28-2006

REGISTERED AGENT MUST SIGN

9. Name 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
PSD	KEITH BURGESS	3570 NW 35TH WAY	LAUDERDALE LAKES FL 33309

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: X

Keith Burgess

KEITH BURGESS

12-28-2006

754 612 7757
954 848 7596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 of 2

DATE: 12-28-2006

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS


FROM: KEITH BURGESS CONSTRUCTION, INC.
KEITH BURGESS

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS FOR 2005 AND 2006.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTU.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 954 612-7757
954 648-7596.

THANKS,



KEITH BURGESS CONSTRUCTION, INC.
KEITH BURGESS