


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
DOCUMENT # <u>P04000162392</u>			
1. Corporation Name <u>GAYNOR CONST INC</u>			
2. Principal Office Address <u>104 JESSAMINE DR</u> Suite, Apt. #, etc. <u>DAVENPORT</u> City & State <u>FL</u> Zip <u>33837</u> Country <u>POIK</u>		3. Mailing Office Address <u>104 JESSAMINE DR</u> Suite, Apt. #, etc. <u>DAVENPORT</u> City & State <u>FL</u> Zip <u>33837</u> Country <u>POIK</u>	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800082619458  
12/18/06--01058--014 \*\*300.00

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida	<u>12-02-04</u>
5. FEI Number <u>11-319 4037</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>EDISON GAYNOR</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>104 JESSAMINE DR</u>	
Suite, Apt. #, Etc. <u>DAVENPORT FL</u>	
City <u>FL</u>	State <u>FL</u> Zip Code <u>33837</u>

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 [Signature] Date 12-15-06  
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
<u>OWNER</u>	<u>EDISON GAYNOR</u>	<u>104 JESSAMINE DR</u>	<u>DAVENPORT-FL-33837</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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-15-06 863 852 5022  
Date Daytime Phone #

jc 12/19

104 Jessamine drive  
Davenport fl, 33837  
12/15/06

To whom this may concern,

I Edison Gaynor did no receive the reinstatement letter For 2005

Your's  
Edison Gaynor

A handwritten signature in cursive script, appearing to read 'Edison Gaynor', written in black ink.

As per telephone conversation with  
Mr. Edison Gaynor on 12/19/2006

A small, stylized handwritten mark or signature in black ink, possibly initials.