PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 DEC -8 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p04000166016

1. Corporation Name

advanced construction and remodeling inc

REINSTATEMENT

100137791931
11/10/08--01041--027 **308.75

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
1812		2586	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
north dixie hwy		sw 10 th st	
City & State		City & State	
lake worth fl.		boynton beach fl	
Zip	Country	Zip	Country
33460	usa	33426	usa

4. Date Incorporated or Qualified To Do Business in Florida 2004

5. FEI Number 201-981-543 ☑ 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: rulx wiener vachon

Street Address (P.O. Box Number is Not Acceptable): 2586

Suite, Apt. #, Etc.: sw 10 th st

City: boynton beach | State: FL | Zip Code: 33426

☑ 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 _____ Date 11-6-08

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
p	rulx wiener vachon	2586 sw 10 th st	boynton bch fl 33426
s	bataille gary	15029 sweetgum st	delray bch fl 33435

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: _____ rulx wiener vachon — 11 -7 -08 — 561 262 6037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #