FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 18 PM 1:46

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04143

1. Corporation Name

Lauren Engineers & Constructors, Inc.

REINSTATEMENT

05-06

CR2E081 (12/05)

2. Principal Office Address	**3.** Mailing Office Address
901 S. First St.	901 S. First St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Abilene, TX	Abilene, TX

4. Date Incorporated or Qualified To Do Business in Florida 11/26/1984

5. FEI Number 11-2699316

☐ Applied For
☐ Not Applicable

Zip 79602	Country USA	Zip 79602	Country USA

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75** Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

Suite, Apt. #, Etc.

City Plantation	State FL	Zip Code 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligation of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _Anthony LiCausi_ **Anthony LiCausi** **Vice President** Date _11-20-06_

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
P/D	C. Cleve Whitener, III	901 S. First St.	Abilene, TX 79602
S/T	Leslie K. Hammond	901 S. First St.	Abilene, TX 79602
			200082617682
			12/18/06--01051--007 **1200.00

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: _____ LESLIE K. HAMMOND 12/13/06 325-670-9660

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