

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

08 OCT 20 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700137066617
10/20/08--01024--006 **450.00

CR2E081 (12/07)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	---

DOCUMENT # P05000033777

1. Corporation Name

Sure Contracting, Inc.

2. Principal Office Address - No P.O. Box # 11319 Christi Oaks Drive Suite, Apt. #, etc. City & State Jacksonville FL Zip 32220		Country Duval	
3. Mailing Office Address 11319 Christi Oaks Drive Suite, Apt. #, etc. City & State Jacksonville FL Zip 32220		Country Duval	

4. Date Incorporated or Qualified To Do Business in Florida	03/04/2005
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 Jermain Sherman			
Street Address (P.O. Box Number is Not Acceptable) 11319 Christi Oaks Drive			
Suite, Apt. #, Etc.			
City Jacksonville	State FL	Zip Code 32220	

☒ 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 09/25/2008

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
Officer	David P. Sherman	7732 E. Camino Tampico	Anaheim CA 92808
Officer	Jermain K. Sherman	11319 Christi Oaks Drive	Jacksonville FL 32220

RH
REINSTATEMENT

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

Jermain Sherman

09/25/2008 714-476-6577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #