PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 24 PM 3:00

DOCUMENT # P20809

1. Corporation Name Steve Beasley Construction Company

500004618285--8
-10/01/01--01072--001
*****90.75 *****90.75
REINSTATEMENT 00-01

2. Principal Office Address	**3.** Mailing Office Address
15593 Lockmaben Ave	6900-29 Daniels Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	150
City & State	City & State
Fort Myers, FL	Fort Myers, FL
Zip 33912 Country USA	Zip 33912 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 4/1/81 SP

5. FEI Number 61-0989278 ☐ 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: Rita Beasley

Street Address (P.O. Box Number is Not Acceptable): 15593 Lockmaben Ave

Suite, Apt. #, Etc.:

City: Ft Myers | State: FL | Zip Code: 33912

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: Rita Beasley (REGISTERED AGENT MUST SIGN) Date: ~~9-7-01~~ 9-21-01

CR2E061 (9/00)

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
Pres	Jami L beasley	15593 Lockmaben Ave	Fort Myers, FL 33912
VP	James D Allen	449 Willet Ave	Naples, FL 33963
SEC	Jami L Beasley	same as above	
Treas	Jami L Beasley	same as above	

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 under section 119.07(3)(i), 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: Jami L Beasley 9-7-01 9415612944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #