1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 SEP 11 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P35801

1. Corporation Name

W.S. Contractors, Inc.

REINSTATEMENT 97-12

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3685 Hewatt Court		3685 Hewatt Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite B		Suite B	
City & State		City & State	
Snellville, GA		Snellville, GA	
Zip	County	Zip	County
30039	Gwinnett	30039	Gwinnett

4. Date Incorporated or Qualified To Do Business in Florida 10-7-1991

5. FEI Number 58-1847418 ☐ 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: CT Corporation System

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 obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Assistant Secretary — Date: 9/10/12

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
CEO	Richard J. Waldron	1980 Gainers Ferry	Greensboro, GA 30642
CFO	Joe A Creighton	1355 Blyth Walk	Snellville, GA 30078
Secretary	Ann Taylor	3424 N. Sharon Church Road	Loganville, GA 30052

10. E-mail Address: anntaylor@scoinc.biz

(To be used for future annual report notifications)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Ann Taylor — 9/10/2012 — 770-469-8286

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

09/11/2012 09:55 8656336092 CT CORPORATION PAGE 02/02

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Florida Department of State
Division of Corporations
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W.S. CONTRACTORS, INC.

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