PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Kathérine Harris **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS FILED DOCUMENT #-P39639 00 FEB 17 PM 3: 05 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA C. Construction Principal Place of Business Mailing Address 1027 Tremont 77550 Galveston, TX If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 7/15/1992 Suite, Apt. #, etc. Suite, Aps. #, etc. 5. FEI Number Applied For Not Applicable City & State City & State 74-211903 6. . \$8.75 Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED L for a Certificate of Status Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip Officer and/or Director and/or Directors Title(s) (Do NOT Use Post Office Box Numbers) Galveston, TX 77550 6901 Driftwood P Sid Holliday III 77550 7508 Beaudelaire Galveston, TX Sid E. Holliday, Jr. Ð Houston, TX 77089 10510 Kirkglen S Linda Fish 77550 Carodyne Holliday Galveston, TX T 7508 Beaudelaire ATEMEN <u>0003142219-</u> 90 -02/22/00--01001--008 ***1500.00 ***1500.00 » 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name Rhonda E. Koning William L. Charnock Street Address (P.O. Box Number is Not Acceptable) 3615 SE 1st Avenue 8301 Joliet Street Cape Coral, FL 33904 Suite, Apt. #, Etc. Zip Code State 34667 Hudson 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST GIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Intangible Personal Property Tax due June 30. 12. 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. FFR 2 1 2000 خذا أرباء

2/7/00

Sid Holliday GNING OFFICER OR DIRECTOR (409)762-5275

Daytime Phone #