

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortimer
 Secretary of State
 VISITING CORPORATIONS

P92000008987

FILED
 97 NOV 10 PM 12:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P92000008987
 1. Corporation Name ALL AMERICAN CONSTRUCTION CORPORATION

Principal Place of Business Mailing Address
 20450 SW 248 Street P.O. Box 4733
 Homestead, Fl 33031 Princeton, Fl 33092

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 1720 NW 9 Court	3. New Mailing Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number
City & State Homestead, Fl	City & State	Applied For Not Applicable
Zip 33030	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/D	Unkle, Charles	1720 NW 9 Court	Miami, Florida 33030

700002344567--2
 -11/12/97--01059--008
 ***967.50 ***923.75

8. Name and Address of Current Registered Agent Charles T. Unkle 1720 NW 9 Court Homestead, Florida 33030	9. Name and Address of New Registered Agent Name Charles Unkle Street Address (P.O. Box Number is Not Acceptable) 1720 NW 9 Court Suite, Apt. #, Etc. City Homestead, State FL Zip Code 33030
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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 Charles T. Unkle REGISTERED AGENT MUST SIGN Date 11/07/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

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.

SIGNATURE: Charles T. Unkle 11/07/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 CHARLES UNKLE PRESIDENT

CR2E040 (12/96)

1004

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

All American Construction
Corporation

File
* First *

RECEIVED
11/10/10 01:19:15
TALLAHASSEE, FLORIDA

Signature

Requested by: ES 11/10 9:19
Name Date Time
Walk-In _____ Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____