## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	05 JUN 23 AM 9: 03
DOCUMENT # P9200009163  1. Corporation Name PEE CONSTRUCTION CO., INC		SEGRALL STATE TALLAHASSEE, FLORIDA
2. Principal Office Address	3. Mailing Office Address	REMEDIATEMENT 03-05
1895 NW. 175 ST	SAME AS	
Suite, Apt. #, etc.	Suite, Apt. #, etc. PRIN CIPESS	4. Date Incorporated or Qualified To Do Business in Florida Nov. 30, 1997
City & State Missing GARDONS, FL	City & State	5. FEI Number Applied For Not Applicable
33056 Country OADE	Zip Country	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
	7. Name and Address of Current Registr	tered Agent
Street Address (P.O. Box Number is N 1895 N CL Suite, Apt. #, Etc.		200057096522 07/06/0501060004 **1058.75
City Mis AMi G	ARDENS	State Zip Code FL 33056
Signature of Registered Agent USE	ove named corporation, am familiar with and accept the	a obligations of section 607.0505 or 617.0503, F.S.  Date
9. Names and Street Addresses of Each Officer an	nd/or Director (Florida nonprofit corporations must list at	t least 3 directors)
Titles Name of Officers and/or Directors	Street Address of Ea Officer and/or Direct	
P EISEBID ARIAS	1895 NW. 175	ST Missin Goess Fl
VE PEDRO R. AR	128 19865 SW. 3	
S/T GLADUS AT	RIDS 19865 SW. 3	378 ST- HomesTEOND, Pl33030
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 filling 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:  SIGNATURE AND TYPED OR PRINTÉD NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Daytime Phone #		