


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 AUG -6 PM 3:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA 600039950776 08/06/04--01053--003 **10.00 600039950776 08/06/04--01053--002 **750.00 REINSTATEMENT 00-04																									
DOCUMENT # P93000005233																													
1. Corporation Name Kenhoe Contractors Inc.																													
2. Principal Office Address 12627 San Jose Blvd Suite, Apt. #, etc. Suite 305 City & State Jacksonville Orange Park, FL Zip 32223 Country USA		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 1-1-93 5. FEI Number 59-3163021 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																									
7. Name and Address of Current Registered Agent Name Tom Kenhoe Street Address (P.O. Box Number is Not Acceptable) 2560 SR. 13 NORTH Suite, Apt. #, Etc. City Jacksonville State FL Zip Code 32259																													
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 Thomas E Kenhoe Date 8/2/04 REGISTERED AGENT MUST SIGN																													
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																													
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>Secretary</td><td>Sherry Kenhoe</td><td>2560 W. 8th Rd 13</td><td>Jax. Fla. 32259</td></tr><tr><td>President</td><td>Thomas E Kenhoe</td><td>2560 W. 5th Rd 13</td><td>Jax Fla 32259</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	Secretary	Sherry Kenhoe	2560 W. 8th Rd 13	Jax. Fla. 32259	President	Thomas E Kenhoe	2560 W. 5th Rd 13	Jax Fla 32259												
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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: Thomas E Kenhoe SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/12/04 Daytime Phone # (904) 880-4696																													

CH2E081 (01/04)