PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA-DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOB** Secretary of State REINSTATEMENT FILED DIVISION OF CORPORATIONS DOCUMENT # P93000038276 98 NOV -6 AM 8: 37 1. Corporation Name Cone Constructors, of Miami, Inc. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 6735 S. Lois Avenue P. O. Box 22869, Tampa, Florida 33622-2869 Tampa, Florida 33616 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida 6735 S. Lois Ave. Suite, Apt. #, etc. P. O. Box 22869 Suite, Apt. #, etc. 05/23/93 5. FEI Number Applied For 65-0574742 City & State City & State Not Applicable Tampa, Florida Country Tampa, Florida 33616 33622-2869 \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers Officer and/or Director
(Do NOT Use Post Office Box Numbers) and/or Directors City / State / Zip Title(s) Ρ Mike L. Cone 6735 S. Lois Avenue Tampa, Florida 33616 6735 S. Lois Avenue Christopher D. Cone Tampa, Florida 33616 Dortha A. Thompson 6735 S. Lois Avenue Tampa, Florida 33616 VΡ 6735 S. Lois Avenue Steve Kasper Tampa, Florida 33616 0000268673 -11/13/98--01031 004****900.00 ****900.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Stephen D. Kasper 6735 S. Lois Avenue Suite, Apt. #, Erd. S. Lois Avenue Tampa, Florida 33616 Zip Code 33616 Тарира 10. I, being appointed the registered agent of the above named opporation, am familiar with any on 607 0505 E.S. Signature of Registered Agent November 2, 1998 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. No Yes 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. 11/02/98 Date

ICHARURE AND THEO ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-837-2991