PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FILED **FOR** Secretary of State REINSTATEMENT 97 JUL -7 PH 12:31 DIVISION OF CORPORATIONS DOCUMENT # 143 00004185 SECRETARY OF STATE TALLAHASSEE, FLORIDA Construction Mar. Consulting Group, Inc. Mailing Address 7958 UNICSIDE ATL TACKSONVINE, R. 32266 If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE 2. New Principal Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida 3. New Mailing Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-3185405 Not Applicable \$8.75 Additional Fee required Country Zin Country CERTIFICATE OF STATUS DESIRED (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) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip JACKSONVINE, FE. 32256 7950 LINKSIDE DA PLESIDEN Secretain TREKSONVILLE FE 32256 LINKSIDE HOM presurca REINSTATE 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Michael L. Brooks Street Address (P.O. Box Number is Not Acceptable) 25452--4
Suite, Apt. #, Etc. -07/10/97--01100--010 Suite 202, 427 E. Monne St. Jacksonvitle, Fr 32202 ****923.75 ****923.75 State Zip Code City FL 10. 1, 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 11. Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. on intangible tax.)

12. I do hereby certify that the Information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I re-lease the Division of Corporations form any liability of non-crimpliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or truther 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 founds obtained, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all less owed by the corporation have been gold. The intornation indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.