

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 JAN 16 PM 12:44

DOCUMENT # 794000018769

1. Corporation Name

RAINTREE CONSTRUCTION COMPANY, INC.

2. Principal Office Address

5423 WATERVALET G.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL.

Zip

32303

Country

USA

3. Mailing Office Address

P.O. Box 13341

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL.

Zip

32317

Country

USA

01-03

4. Date Incorporated or Qualified To Do Business in Florida

MARCH 10, 1994

5. FEI Number

59-3231698

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Vytautas J. Jurgutis

Street Address (P.O. Box Number is Not Acceptable)

5423 WATERVALET G.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

900010162463

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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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

1/16/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	Vytautas J. Jurgutis	5423 WATERVALET G.	TALLAHASSEE, FL 32303

**REINSTATEMENT**

01-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

Date

1/16/03

Daytime Phone #

562-8987