PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96-97 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 APR 18 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # Circle "R" Construction

1. Corporation Name

P94000069862

Principal Place of Business
State of Florida

Mailing Address
Circle "R" Construction
2800 Biscayne Blvd. Suite 610
Miami, FL 33137

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: N/A
Suite, Apt. #, etc.: N/A
City & State: N/A
Zip: N/A Country: N/A

3. New Mailing Address, If Applicable: N/A
Suite, Apt. #, etc.: N/A
City & State: N/A
Zip: N/A Country: N/A

4. Date Incorporated or Qualified To Do Business in Florida: September 21, 1994

5. FEI Number: 65-0522340 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres. T/Sec.	Rick Nelson	26237 SW 141 Place	Naranja, Fl 33032
1stVic Pres.	Charles Rabb	26237 SW 141 Place	Naranja, Fl 33032
2ndVic Pres.	Joel Alkire	5230 SE 114 Place	Belleview, Fl 34420
Jr.Vic Pres.	Randy Rice	8734 SW 177 Terrace	Miami, Fl 33157

REINSTATEMENT 96-97

8. Name and Address of Current Registered Agent

Joseph Blonsky
201 Alhambra Circle, Suite 1200
Coral Gables, Fl 33135

9. Name and Address of New Registered Agent

Name: N/A
Street Address (P.O. Box Number is Not Acceptable): N/A
Suite, Apt. #, Etc.: N/A
City: N/A State: FL Zip Code: N/A

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*****915.00 *****915.00

10. I, 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: Joseph Blonsky REGISTERED AGENT MUST SIGN Date: 4/18/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Rick Nelson 4/18/97
Rick Nelson, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #