


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 JAN 27 PM 1:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P94000089526					
1. Corporation Name CONSTRUCTION SERVICES AND SUPPLIES OF CENTRAL FLORIDA, INC.					
Principal Place of Business 6291 ALL AMERICAN BLVD ORLANDO, FL 32804		Mailing Address 6291 ALL AMERICAN BLVD ORLANDO, FL 32804			
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 Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/5/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3280876	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)					
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4		
PD	BAUMSTEIN, DARRYL G	6291 ALL AMERICAN BLVD	ORLANDO, FL 32804		
			600002072106--8 -01/29/97--01032--020 ***1088.75 ***1088.75		
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
SORENSEN, KATHERINE L 1590 GAY ROAD WINTER PARK, FL 32789		Name SORENSEN, KATHERINE L Street Address (P.O. Box Number is Not Acceptable) 613 EXECUTIVE DRIVE Suite, Apt. #, Etc. City WINTER PARK State FL Zip Code 32789			
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: <i>Katherine Sorensen, Reg. Agent</i> Date: 1/17/97 REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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)(k), Florida Statutes. I re- lease the Division of Corporations from any liability of non-compliance 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 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: <i>[Signature]</i>		1-17-97 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E040 (1/2/95)