

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p> <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p style="text-align: center;">FILED</p> <p style="text-align: center;">28 AUG 11 AM 9:22</p> <p style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																													
<p>DOCUMENT # <u>P94000090351</u></p>																															
<p>1. Corporation Name AL MAIR CONSTRUCTION, INC.</p>																															
<p>Principal Place of Business 435 Douglas Avenue Suite 1505-H Altamonte Springs, FL 32714</p>		<p>Mailing Address 435 Douglas Avenue Suite 1505-H Altamonte Springs, FL 32714</p>																													
<p>If above addresses are incorrect in any way, line through incorrect information and enter correct on below.</p>																															
<p>2. New Principal Office Address, If Applicable Suite, Apt. #, etc. <u>945 Norfolk Ct.</u> City & State <u>Longwood, Florida</u> Zip <u>32750</u> Country <u>USA</u></p>		<p>3. New Mailing Address, If Applicable Suite, Apt. #, etc. <u>945 Norfolk Ct.</u> City & State <u>Longwood, Florida</u> Zip <u>32750</u> Country <u>USA</u></p>																													
		<p>4. Date Incorporated or Qualified To Do Business in Florida <u>12/14/1994</u></p>																													
		<p>5. FEI Number <u>59-3259495</u></p>																													
		<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> Additional Fees Required</p>																													
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Title(s)</th> <th style="width:30%;">Name of Officers and/or Directors</th> <th style="width:30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width:30%;">City, State, Zip</th> </tr> </thead> <tbody> <tr> <td>P/S/D</td> <td>Dominic Macrina</td> <td>945 Norfolk Ct.</td> <td>Longwood, Florida 32750</td> </tr> <tr> <td>D</td> <td>Vincent Corino</td> <td>945 Norfolk Ct.</td> <td>Longwood, Florida 32750</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip	P/S/D	Dominic Macrina	945 Norfolk Ct.	Longwood, Florida 32750	D	Vincent Corino	945 Norfolk Ct.	Longwood, Florida 32750																
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<p>8. Name and Address of Current Registered Agent Vincent Corino 435 Douglas Avenue Suite 1505-H Altamonte Springs, FL 32714</p>		<p>9. Name and Address of New Registered Agent Name Mark L. Ornstein Street Address (P.O. Box Number is Not Acceptable) 940 Highland Avenue Suite, Apt. #, Etc. City Orlando State FL Zip Code 32803</p>																													
<p>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.</p> <p>Signature of Registered Agent <u>[Signature]</u> Date <u>8/6/98</u></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																															
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																															
<p>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 release 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.</p> <p>SIGNATURE: <u>[Signature]</u> Vincent Corino <u>8/6/98</u> (407)834-8580</p>																															

CFC2040 (1/29/95)