

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

1997 SEP 19 AM 10:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000013575**

1. Corporation Name
FIVE FLAGS BUILDING CONTRACTORS, INC.

Principal Place of Business 8680 SCENIC HWY UNIT 17 PENSACOLA FL 32514	Mailing Address 8680 SCENIC HWY UNIT 17 PENSACOLA FL 32514
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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 Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/14/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

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
D	FITZGERALD, TERRY J	8680 SCENIC HWY, UNIT 17	PENSACOLA FL 32514
D	FITZGERALD, DOROTHY J	8680 SCENIC HWY, UNIT 17	PENSACOLA FL 32514
			000002253580--1 -07/31797--01030--005 ****122.50 ****122.50
			REINSTATEMENT 96-97
			SCC 9-19-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HEATH, ROBERT N JR
 682 E. GADSDEN ST.
 PENSACOLA FL 32501

Name
 Street Address (P.O. Box Number is Not Acceptable)
118 W. Cervantes St.
 Suite, Apt. #, Etc.
600002300366--9
 City
09/23/97 State **01054** Zip Code **001**
******801.FL ****801.25**

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 *[Signature]* Date **9/23/97**
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on Intangible tax.)

12. 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]* 10-7/97 904-4772456
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20940 (7/96)