

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS
H000000258293

00 MAY -10 AM 11:23

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P95000016424

1. Corporation Name

WHITE/PULLMAN-HOLT CORPORATION

2. Principal Office Address

18007 Clear Lake Drive
Suite, Apt. #, etc.

3. Mailing Office Address

18007 Clear Lake Drive
Suite, Apt. #, etc.

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

2/28/1995

City & State

Lutz, Florida

City & State

Lutz, Florida

5. FEI Number

59-3331197

Applied For

Not Applicable

Zip

33549

Country

USA

Zip

33549

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John W. Campbell

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

~~101 E. Kennedy Blvd.~~ 100 West Kennedy Blvd.

Suite, Apt. #, Etc.

Suite 500

City

Tampa

State

FL

Zip Code

33602

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

Date

4/17/00

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DV	Jeff Baker	46 Jennifer Road	Glenville, NY
DVTS	Thomas Halluska	18007 Clear Lake Drive	Lutz, FL 33549
DV	Robert Schneider	2413 Bay Shore Blvd., # 1703	Tampa, FL
DV	Robert Eukovich	2632 Bridle Dr.	Plant City, FL

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)(c), 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

4/10/2000

Date

813-971-2223

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 922-4004

From:
Account Name : STROOCK & STROOCK & LAVAN
Account Number : 07210000020
Phone : (305) 358-9900
Fax Number : (305) 789-9302

CORPORATION REINSTATEMENT

WHITE/PULLMAN-HOLT CORPORATION

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$908.75