

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP -5 AM 8:00

DOCUMENT # 995000037593

1. Corporation Name

Greg DeLong's Construction, Inc

2. Principal Office Address

31600 Division Street

Suite, Apt. #, etc.

3. Mailing Office Address

31600 Division Street

Suite, Apt. #, etc.

City & State

Deland, FL

City & State

Deland, FL

Zip

32720

Country

Lake

Zip

32720

Country

Lake

4. Date Incorporated or Qualified To Do Business in Florida

05/11/1995

5. EEI Number

593313622

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 02-03

MRS

7. Name and Address of Current Registered Agent

Name

Greg DeLong

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

31600 Division Street

Suite, Apt. #, Etc.

City

Deland

State

FL

Zip Code

32720

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

09/04/03

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|--|--------------------|
| Pres | Greg DeLong | 31600 Division Street | Deland, FL 32720 |
| | | | |
| | | | |
| | | | |
| | | | |

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09/05/03--01085--004 **900.00

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

09/04/03

Date

Daytime Phone #

386804-9417

CR2E081 (1/0/02)