

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02-04

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07/01/04--01015--011 **1058.75


CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000045532			
1. Corporation Name SOUTHERN CONSTRUCTION OF ORLANDO, INC.			
87 W. Michigan Street Orlando, FL 32806			
2. Principal Office Address 87 W. Michigan Street		3. Mailing Office Address Orlando, FL 32806	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State	
Zip 32806	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-3319591	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Brian Johnson	
Street Address (P.O. Box Number is Not Acceptable) 87 W. Michigan Street	
Suite, Apt. #, Etc.	
City Orlando	State FL
	Zip Code 32806

REINSTATEMENT

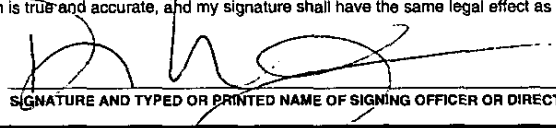
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent:  Date: 7/12/04

REGISTERED AGENT MUST SIGN

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
PTS	Brian Johnson	87 W. Michigan St	Orlando FL 32806
VP	Dianna M. Johnson	87 W. Michigan St	Orlando FL 32806

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:  Date: 5/11/04

Daytime Phone #

CR2E081 (01/04)

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