

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 25 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000087808

1. Corporation Name
CONSTRUCTION EDUCATION CONCEPTS, INC.

2. Principal Office Address
1020 NW 13th Street

3. Mailing Office Address
P.O. Box 13395

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Gainesville, FL

City & State
Gainesville, FL

Zip 32601 Country United States

Zip 32604-1395 Country United States

4. Date Incorporated or Qualified To Do Business in Florida 11/13/1995

5. FEI Number 59-3352569

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name
Michael L. Brewer

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

Suite, Apt. #, Etc.

City
New Smyrna Beach

State FL Zip Code 32168

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****900.00 ****900.00

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 9/20/2002

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
P	Richard J. Coble	P.O. Box 13395	Gainesville, FL 32604-1395

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/2002 Date

352-2761228 Daytime Phone #

CR2E081 (9/01)