PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

T LEXOL READ	ALE INSTRUCTIONS DELIGITE (	
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	10 APR 13 AM 9: 45
DOCUMENT # ₽9 \$ 0000 913 > 9 1. Corporation Name		ALLAHASSEE ELODIDA
Mills Construction Inc.		REINSTATEMENT
2. Principal Office Address - No P.O. Box #  2550 CR 267  Suite, Apt. #, etc.	3. Mailing Office Address 2550 CR200  Suite, Apt. #, etc.	300175472633 04/13/10-01003018 **635.00 CR2E081 (11/09)
City & State  O X-for O F L  Zip Country	City & State  OXACAO FL  Zip Country	To Do Business in Florida Nov. 29 1995  5. FEI Number Applied For Not Applicable  6.
34484 Sumter	34484 SUNDA	CERTIFICATE OF STATUS DESIRED 60 a Certificate of Status
7. Name and Address of	f Current Registered Agent	4_ · 1
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
CXford	FL 34984	1
8. I, being appointed the registered agent of the above named proposets, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Date REGISTERED ASENT MUST SIGN		
9. Names and Street Addresses of Each Officer and	Vor Director (F) bride nonprofit corporations must list at le	east 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
pred Geraldw. Ma	1/5 51 2550 CA 2	204 OXford FL 34989 34984
		34484
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	,	
10. E-mail Address: WMi//SInc & Ab / . Co M		
(To be used for future annual report notification)  11. 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. I further certify, the information indicated in this application is true and accurate, and my signature shall have the same legal effect as if made under oath.		
SIGNATURE:	WWW A	
*SIGNATURE AND T	TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT	TOR Deta M. MILLIGRADIM Phone #