H01000116320 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 21 PM 4:04

CORPORATION REINSTATEMENT

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

DOCUMENT # P96000098029

1. Corporation Name

Sea Breeze Construction of North Florida, Inc.

REINSTATEMENT 01

2. Principal Office Address	3. Mailing Office Address
4311 Gulf Breeze Pkwy	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Gulf Breeze, FL	
Zip / Country	Zip / Country
32561 SantaRosa	

4. Date Incorporated or Qualified To Do Business in Florida: 1/25/96

5. FEI Number: 593352889 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: Leon W. Sekunda, Jr.

Street Address (P.O. Box Number is Not Acceptable): 2045 Burjonik Drive

Suite, Apt. #, Etc.:

City: Navarre — State: FL — Zip Code: 32566

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT SIGNATURE — Date: Nov 20, 2001

9. Names 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
P	Leon W. Sekunda, Jr.	2045 Burjonik Dr	Navarre, FL 32566
			AD

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: _____ Nov 20, 2001 — 850-934-1134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000116320 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

SEA BREEZE CONSTRUCTION OF NORTH FLORIDA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$750.00