


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--------------------	---	---

DOCUMENT # P96000012703

1. Corporation Name

CONSTRUCTION TRADESMEN, INC.

Principal Place of Business
111 SATSUMA DRIVE
ALTAMONTE SPRINGS FL 32714

Mailing Address
111 SATSUMA DRIVE
ALTAMONTE SPRINGS FL 32714

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 02/09/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-3358751
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PSTD	SHARPE, GRANVILLE	111 SATSUMA DR	ALTAMONTE SPRINGS FL 32714

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WARLICK, FASSETT & ANTH 14 E WASHINGTON STREET SUITE 500 ORLANDO FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code
	FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent Date

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 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: GRANVILLE Sharpe JR	Date: 10/15/01	Daytime Phone #: 407-862 3337