PLEASE READ ALL INSTRUCTIONS BEFORE APPLICATION FOR REINSTATEMENT PLEASE READ ALL INSTRUCTIONS BEFORE FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			NT OF STATE arris State	` 	
DOCUMENT # POWOWY9101 1. Corporation Name				99 AUG 19 PM 2: 43	
FSH CONSTRUCTOR		Y 10110	101837	ວ່ ລແ	000029704134 -08/26/9901006018
2436 WEST GRAND RESERVE CARCLE #910				REINSTATEMENT 97-99	
If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable					orated or Qualified
ite, Apt. #, etc Suite, Apt. #,		etc.		To Do Business in Florida Jumb 10, 1996 5 FEI Number Applied For	
Zip Country	Zip	Country	<i>y</i>	6. CERTIFICATE	Not Applicable S8.75 Additional Fee required for a Certificate of Status
7. Name and Street Addresses of Each Officer and/or Director Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N		umbers)	City / State / Zip
PRES JOHN WOODHUIL		#910		CRVE CAR.	CLEARUMTER, FI. 33759
					pn8123
* .					Address of New Registered Agent
JOHN WOODHULL 8310 CHESCO WOODS BLVD. PORT RICHEY, FV. 3466F			Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ###################################		
10. I, being appointed the registered agent of the above named coronation, am familiar with and accept the obligations of Section 607 0505, F.S. Signature of Registered Agent Date REGISTERED AGENT MUST SIGN					
11. This corporation owes the Intangible Personal Prope			Yes	□ No ☑	(See other side for information on inlangible tax.)
	olution has been names of individu	eliminated, the corpo- ials listed on this form	rate name satisfies to mode not qualify for a	he requirements in exemption und	pler 607 or 617, F.S. I further certify that when filing of section 607 0401 or 617,0401, F.S., that all fees ler section 119 07(3)(i), F.S. The information indicated
SIGNATURE: SIGNATURE AND TYPED OR PR	DOULK INTED NAME OF S	U IGNING OFFICER OF E	PIRECTOR	7	128/89 737-773-6961 Date Phone #