PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. RI MENT OF STATE **FLORIDA** APPLICATION FOR FILED v of State REINSTATEMENT CORPORATIONS 98 JAN -7 PM 1:35 DOCUMENT # P96000073081 1. Corporation Name SECRETARY OF STATE HUNTER'S CONSTRUCTION & PROPERTY MANAGEMENT INC. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4461 MARSHALL STREET 4461 MARSHALL STREET ORLANDO FL 32811 ORLANDO FL 32811 ISTATEMENT if above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Admess, If Applicable Date Incorporated or Qualified To Do Business in Florida 09/04/1996 Sulte, Apt. #, etc. 5. FEI Number Applied For City & State City & State \$8.75 Additional Fee required Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) 4461 MARSHALL STREET D HUNTER, LORENZO ORLANDO FL 32811 D BRYANT, WILLIE 4461 MARSHALL STREET ORLANDO FL 32811 700002394837---8 |--01/08/38--01118--010 ****750.00 ****750.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent **HUNTER, LORENZO** Street Address (P.O. Box Number is Not Acceptable) 4461 MARSHALL STREET ORLANDO FL 32811 Suite, Apt. #, Etc. Zip Code City State 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 Agen LORENZO HUNTER 11. This corporation owes or has paid the current year (See other side for information) on intangible tax.) Intangible Personal Property tax due June 30. Yes No

12. Loentify that Lam 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 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:

12-29-97 Daytime Phone #