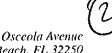
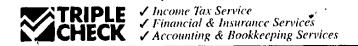
	PLEASE REA	D ALL INST	TRUCTIONS	BEFORE C	OMPLET	ING THIS FORM.		
APPLICATION FOR REINSTATEMENT			ORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF OPPORATIONS			(2.7.2.2a) (172.7a) (1.7.2.7a)		
DOCUMENT # P96000081545 1. Corporation Name RUSSELL SLOAN CONSTRUCTION MGMT, INC.					97 DEC - 1 /M 9: 07 SECKLUMY OF STATE TALLARASSEE FLORIDA			
								4314 TIDEV
	ddresses are incorrect in any way, line	-			,	•		
Sulte, Apt.			New Mailing Office Address, If Applicable Sulte, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business In Florida 10/02/1996		
City & State	<u> </u>	City & State				5404505_	Applied For Not Applicable	
Z ip Country		Zip	Zip Country		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee regular for a Certificate of Status			
7. Names a	and Street Addresses of Each Officer	<u>·</u>	orida nonprofit corpor	rations must list at lea	st 3 directors)			
Titie(s)	Name of Officers and/or Directors		3 (Do NOT	treet Address of Each officer and/or Director Use Post Office Box N	lumbers)	City / Stat	e / Zip	
DPT8	SLOAN, RUSSELL R 4314 TIDEVIEW		DRIVE	JACKSONVILLE FL 32250				
*				<u> </u>	11 (44) (1)	00002364: -127057970 ****165.00	3 710 1082006 ****165.00	
	8. Name and Address of Curr	ent Registered Age	ent	Name	9. Name and a	Address of New Registered A	gent	
4314 T	I, RUSSELL R TIDEVIEW DRIVE SONVILLE FL 32250		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Étc.					
		\sim	City State Zip Code			Zip Code		
	appointed the registered agent of the		oration am familiar w SENT MUST SIGN	vith and accept the ob	ligations of Sect	ion 607.0505, F.S. Date 1112 5	7	
	is corporation owes or angible Personal Prop			ar Yes	No 🗌	(See other side on intang	for Information	
this reins owed by	that I am an officer or director or the restatement application, the reason for or the corporation have been paid and application is true and accurate, and m	lissolution has been the names of Individ	eliminated, the corp luals listed on this for	orate name satisfies t rm do not qualify for a	the requirements an exemption un	of section 607.0401 or 617.040	1. F.S., that all fees	
BIGNAT	BIGNATURE AND TYPED OR	PRINTED NAME OF	SIGNING OFFICER OR	DIRECTOR		11/12/47 Day	ime Phone #	





320 Osceola Avenue Jacksonville Beach, FL 32250 Phone 904/241-2533 Fax: 904/241-1604

November 13, 1997

Divisions of Corporations Annual Reports/Reinstalement Section Post Office Box 6327 Tallahassee, Florida 32314-6327

Re: Russell Sloan Construction Mgmt, Inc. - 1997 Annual Report

Dear Sir or Madam,

Please find the enclosed check #1060 for \$165.00 for the above referenced corporation. Mr. Sloan never received any of the previous reports. Once Mr. Sloan received this latest report, he brought it to me and we completed it immediately. We are asking for your assistance to reinstate this corporation and abate any late charges or penalties associated with the reinstatement.

If you have any questions, please do not hesitate to contact me.

Sincerely,

James K. Reese, EA

Enclosures: 1997 Reinstatement Form Check #1060