CORPORATION	
REINSTATEMEN	1



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT# Pኖራኒኒ	00091	O 174	ŀ
-----------------	-------	-------	---

1. Corporation Name

HURRICANE DESIGN BUILD CONSTRUCTION, INC.

·	
2. Principal Office Address	3. Mailing Office Address
1236 MEDUFF AVE. SO.	1234 Mc DUFF AUE. S
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<u>Sui</u>tE 203

SUITE

JACKSOHVILLE, FLORIDA

SECRETARY OF STATE DIVISION OF CORPORATIONS 03 DEC -5 AM 8: 00

HEINSTATEMENT 98-03

500025253225 12/03/03--01031--004 **1500.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required

7. Name and Address of Current Registered Agent				
Name ANTHONY J. BAILEY	·			
Street Address (P.O. Box Number is Not Acceptable) 5681 EDEN field Rd	•			
Suite, Apt. #. Etc. Apt. #603				
JACKSOHVILLE	State			

I, being appointed the registered agent of the above named corporation, am fa	miliar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date _//-25-03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Street Address of Each Name of City / State / Zip Officers and/or Directors Officer and/or Director 5681 EDENfield Rd #603 JACKSOHWILLE, FLORIDA JAX, FL 32277 SGET EDENFIELD Rd # 605 5611 EDENFIELD Rd JACKSONVILLEY FLORIDA JACKSONVILLE PLENCEDA

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:

- J. Bailes ANTHONY J. BAILEY /-25-03 904-389-6225
EV OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Date

Date