FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

ÉÜÉD **DOCUMENT#** P97000004515 1. Entity Name 02 NOV - 1 AM 8:33 Michael Stanley Construction, Inc. SECRETARY OF STATE TALLAHASCEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 8855 Navarre Pkwy. P.O. Box 6467 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Navarre, FL 32566 59-3422044 FL 32566 Navarre, Not Applicable Country USA Country USA \$8.75 Additional 32566 5. Certificate of Status Desired 32566 Fee Required 7. Name and Address of Current Registered Agent Michael Stanley DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 1447 #4 Arkansas St IN THIS SPACE ^z32566 Navarre 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE TITE F President NAME NAME Stanley, Michael STREET ADDRESS 5,6,6, ZIP. STREET ADDRESS 1447#4 Arkansas, Navarre, FL 3 CITY-ST-ZIP 300008768933 11/01/02--01114--009 **150.00 TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE TIFLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE THE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:////

CITY-ST-ZIP

10/30/08

936-006

20/1/11 x

CR2E034B (12/01)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Registered Agent Registered Address of Each Address of		RPORATION NSTATEMENT	FLORIDA DEPARTMENT OF STA Jim Smith Secretary of State DIVISION OF CORPORATIONS	TE.
2. Principal Ciffice Address 8855 Navarre Pkwy P.O. Box 6467 Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Footida 1/16/97 Applied For State Navarre, FL Applied Country Applied C	•	1 2 1 0 0 0 0	004515	
Suite, Apt. #, etc. Suite, Ap	.,	Michael Stanle	ey Construction, Inc.	
8855 Navarre Pkwy P.O. Box 6467 Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida 1/16/97 Navarre, FL Name and Address of Current Registered Agent Name Victure Stanley Size Address (PO. Box Number is Not Acceptable) 1447 #4 Arkansas Suite. Apt. #, Etc. City Navarre 8. It. being appointed the negistered Agent Address (PO. Box Number is Not Acceptable) 1447 #4 Arkansas Suite. Apt. #, Etc. City Navarre 9. Names and Street Addresses of Each Officer and/or Director (Fordise nonprofit corporations must list at least 3 directors) Titles Officer and/or Directors Name of City (State / Stanley) 1447 #4 Arkansas Street Address of Each Officer and/or Director (Fordise nonprofit corporations must list at least 3 directors) Titles Officer and/or Directors Officer and/or Directors Navarre, FL 32566 D. Leady that I am an efficer or director or the receiver or further seminated, the corporation same selfates the requirements of section 607 (Apr. F. S. I further certify that when fixing this reinstatement application, the reason for discontroir numbered per output or some per provided for in chapter 607 or 617, F.S. I further certify that when fixing this reinstatement application, the reason for discontroir numbered per output or some per per per per per per per per per pe	2. Principa	al Office Address	3. Mailing Office Add	
Suite. Apt. #, etc. Suite. Apt. #, etc.				Í
City & State Navarre, FL Applied For To Do Business in Florida 1/16/97 S. FEI Number 59-3422044 Applied For Not Applicable for System 1/16/97 S. FEI Number 59-3422044 Applied For Not Applicable for System 1/16/97 The Michael Stanley Street Address (Po. Box Number is Not Acceptable) 1447 #4 Arkansas Suite, Apt 4, Elic. City Navarre Registered Agent of the above influence of t				
Navarre, FL Navarre, FL Secontry 132566 Navarre, FL Secontry 132566 Name and Address of Current Registered Agent Name Michael Stanley Street Address of Status Suite, Apt. #, Etc. City Navarre Name and Each Officer and/or Director Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors Navarre, FL 32566	City & State		·	4. Date Incorporated or Qualified
Zip 32566 USA 32566 USA 6. CERTIFICATE OF STATUS DESIRED 10 SATE Additional For required for a Certificate of Status 2 S	-			1/10/9/
32566 USA 32566 USA 6-CERTIFICATE OF STATUS DESIRED 3575 Additional Flor required for 9 Certificate of Status 7. Name and Address of Current Registered Agent Name Michael Stanley Street Address (P.O. Box Number is Not Acceptable) 1447 #4 Arkansas Sulte, Apt. #, Etc. City Navarre FE U 2p. Code 32566 32566 3. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Addresses of Each Officer and/or Director (City / State / Zip P Michael Stanley 1447 #4 Arkansas St. Navarre, FL 32566 A remission of the standard of the standard of the component of the profit component of the registered Agent Address of Each Officer and/or Directors Officer and/or Director (City / State / Zip P Michael Stanley 1447 #4 Arkansas St. Navarre, FL 32566				50 3433044
7. Name and Address of Current Registered Agent Name	•	_	Codinay	6.
Michael Stanley Street Address (P.O. Box Number is Not Acceptable) 1447 #4 Arkansas Suite, Apt.#, Etc. City Navarre State Navarre State Navarre State Navarre State 10/30/02 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Name of Officers and/or Directors Name of Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Name of Officers and/or Directors Name of Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Name of Officers and/or Directors Name of Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Name of Officers and/or Directors Name of Officers and/or Directors Navarre, FL 32566 Navarre, FL 32566		0011	0.07.1	for a Certificate of Status
P Michael Stanley 1447 #4 Arkansas St. Navarre, FL 32566 D. 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 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.	egistered A	Street Address (P.O. Box Number is No. 1447 #4 A: Suite, Apt. #, Etc. City Navarre appointed the registered agent of the above gent Record Street Addresses of Each Officer and/	or Acceptable) TRANSAS Te named corporation, am familiar with and accept the GISTERED AGENT MUST SIGN Or Director (Florida nonprofit corporations must list a	FL 32566 The obligations of section 607.0505 or 617.0503, F.S. Date 10/30/02 It least 3 directors)
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. IGNATURE: Mi also a 1 and accurate and accurate and my signature shall have the same legal effect as if made under oath.	P			
Michael Stanley 10/20/02 850-936-0060				

21 11/1/02



MICHAEL STANLEY CONSTRUCTION, INC.

P.O. Box 6467 8855 Navarre Parkway Navarre, Florida 32566

(850) 936-0060 Toll Free 1-877-351-7697 Fax (850) 936-0205

October 30, 2002

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302 – 1500

To Whom It May Concern:

It was brought to my attention by our closing company, Lawyer's Title, that the Corporation was listed as "inactive". After checking our records, I found that we did not receive the Uniform Business Report package. A check for \$150 is enclosed. Please wave the late fee, and reinstate the Corporation.

Thank you in advance for your prompt attention to this.

Sincerely,

Michael Stanley-

April (L. Branch and

President

MS/jt Enclosures