PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith '

Secretary of State

DIVISION OF CORPORATIONS

000028228

1. Corporation Name

EARTH DESIGN/BUILD, INC.

Principal Place of Business

Mailing Address

3474 BETZ LANDING DRIVE JACKSONVILLE FL 32230-3474-DETT LANDING DRIVE JACKSONVILLE FL-32286-

FILED

03 JUN 19 PH 2: 26

SECRETARY OF STATE TALLAHASSEE. FLORIDA

If above a	delegando per important in any constitue the		-favoration	d autou agree stien halour	menne	o in i emic	19 DZ-C)
3401 Lannie Rd 34		3. New Maili	iling Office Address, If Applicable OLLEMNIE Rd		Date Incorporated or Qualified To Do Business in Florida 03/25/1997			
City & State City & State		City & State			5. FEI Number	59-3435066	 	ied For Applicable
zip32	218 Country USA	3221	8	Country 11 5/4	6. CERTIFICATE	OF STATUS DESIRED [12]	\$8.75' Additional F for a Certificate	
7. Names a	and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit	corporations must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		City	/ State / Zip	
D	MATTHEWS, LAMAR T			Lannie Rd.		JACKSONVILLE FL :	32 228 32218	
D	MATTHEWS, KATE L			Lannie RQ.		JACKSONVILLE FL :	32226 322/8	
D	BETZ, ROBERT		1	METCAD. 5 John Ander	rson Hwy	JACKSOMWILLETL		32126
			20020780102 06/11/4301056010 ***908.75					
				,				
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
444 TTI	HTMO 4 ALAAD T			Name				.
3474 E	HEWS, LAMAR T BETZ LANDING DRIVE 3 401 し			P.O. Box Number is Not Acceptable)				
	SONVILLE FL 3 2220 - 322/8							
				City			State Zip Code	
10. I, being	appointed the registered agent of the abo	Λ.	// / X	miliar with and accept the ob	-	1	0505, F.S.	\ 2

Signature of Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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.

6-10-03 7/3-0839

Date Daylime Phone #