

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAY 21 AM 8:32

DOCUMENT # P97000047465

1. Corporation Name

B+W Construction, Inc.

100037434801  
06/01/04--01006--016 \*\*500.00

2. Principal Office Address

4689 Gadara Rd

3. Mailing Office Address

P.O. Box 2120

100037434801  
06/01/04--01006--017 \*\*500.00

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Keystone Heights, Fl.

City & State

Keystone Heights Fl.

4. Date Incorporated or Qualified  
To Do Business in Florida

05/27/1997

5. FEI Number

592813253

Applied For

Not Applicable

Zip

32656

Country

U.S.A.

Zip

32656

Country

U.S.A.

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William P. Watkins

Street Address (P.O. Box Number is Not Acceptable)

4689 Gadara Rd

100037434801  
06/01/04--01006--018 \*\*350.00

Suite, Apt. #, Etc.

William P. Watkins

City

Keystone Heights

State

FL

Zip Code

32656

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

Signature of  
Registered Agent

William P. Watkins

Date

5/21/2004

REGISTERED AGENT MUST SIGN

9. Names 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	Street Address of Each Officer and/or Director	City / State / Zip
P/T	William P. Watkins	4689 Gadara Rd	Keystone Heights Fl 32656

REINSTATEMENT 2-04

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:

William P. Watkins

5/21/2004

(352) 473-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #