PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.										
AFFLICATION AFRESA					A DEPARTMENT OF STATE		- 11 1 2 2 3 3 4 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1			
FOR					Sandra B. Mortham Secretary of State			AND		
REINSTATEMENT DIVISION OF CORPORATIONS							00.1	IOU IO BILLO O		
DOCUMENT # P97000064335 1. Corporation Name							98 NOV 19 AM 10: 00			
RANDY BELL'S CONSTRUCTION MANAGEMENT, INC.							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
THE AD I, DELLE O CONCINION TOTAL WITH ANGENIE 141, 1140.										
Principal Place of Business Mailing Address										
1507 49TH STREET EAST PALMETTO FL 34221 1507 49TH STREET EAST PALMETTO FL 34221										
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if above addresses are incorrect in any way, line unough incorrect information and enter correction below.								MICHE	VIV	
							Date Incorpo To Do Busin	orated or Qualified less in Florida	07/23/1997	
Suite, Apt. #, etc. Suite					ite, Apt. #, etc.			5. FEI Number / Applied For		
City & State				City & State			<u>6.</u>	0840786	Not Applicable	
Zip Country			Zip	Country	y	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status				
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Title(s)	e(s) Name of Officers and/or Directors 2				Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City /	/ State / Zip	
DP	BELL, LARRY R				1507 49TH STREET EAST			PALMETTO FL 34221		
DS BELL, GLENNA C				1507 49TH STREET EAST			PALMETTO FL 34221			
DV	BELL, HOWARD R				1507 49TH STRE	ET EAST	PALMETTO FL 34221			
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								7000269930007		
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	8 Nam	e and Addre	ss of Current R	enistered Ane		<u> </u>	9. Name and A	Address of New Registers	ed Agent	
8. Name and Address of Current Registered Agent Name										
· · · · · · · · · · · · · · · · · · ·							O. Box Number is Not Acceptable)			
1507 49TH STREET EAST PALMETTO FL 34221						Suite, Apt. #, Etc.				
City							State Zip Code			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.										
Signature of Registered Agent Project PRO AGENT MUST SIGN										
11. This corporation owes or has paid the current year										
Intangible Personal Property tax due June 30. Yes No										
12. 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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davime Phone #										
SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #										