PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

FILED
01 JAN 12 AM 9:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000068139

1. Corporation Name
Alliance Construction Group, Inc

REINSTATEMENT 8-01

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 9951 ATLantic Blvd | 9951 ATLantic Blvd |
| Suite, Apt. #, etc. 427 | Suite, Apt. #, etc 427 |
| City & State Jacksonville, FL | City & State Jacksonville FL |
| Zip 32225 Country USA | Zip 32225 Country USA |

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Vincent DiSimone

Street Address (P.O. Box Number Not Acceptable): 451 Monument Rd

Suite, Apt. #, Etc: 606

City: Jacksonville State: FL Zip Code: 32225

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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: Vincent DiSimone Date: _____
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 | Vincent DiSimone | 451 Monument Rd #606 | Jacksonville FL 32225 |
| ST | Vincent DiSimone | 451 Monument Rd #606 | Jacksonville, FL 32225 |
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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 and statements on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE: Vincent DiSimone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #