

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

1

DOCUMENT # P97000108652

99 NOV -9 PM 1:37

1. Corporation Name

CRIBBS CONSTRUCTION COMPANY

Principal Place of Business

Mailing Address

11200 NORMANDY BOULEVARD
 JACKSONVILLE FL 32221

11200 NORMANDY BOULEVARD
 JACKSONVILLE FL 32221

9951 Atlantic Blvd
 Suite 112
 Jacksonville, FL 32225

436 Ashcroft Landing Dr
 Jacksonville FL 32225

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

436 Ashcroft Landing
 Suite, Apt #, etc

3. New Mailing Office Address, If Applicable

436 Ashcroft Landing
 Suite, Apt #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

01/02/1998

5. FEI Number

59-3484836

Applied For

Not Applicable

City & State
 Jacksonville, FL

City & State
 Jacksonville, FL

Zip
 32225 Country

Zip
 32225 Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	CRIBBS, TERESA C	436 Ashcroft Landing Dr 11200 NORMANDY BOULEVARD	Jacksonville, FL 32225 JACKSONVILLE FL 32221
VD	CRIBBS, DAVID	436 Ashcroft Landing Dr 11200 NORMANDY BOULEVARD	Jacksonville, FL 32225 JACKSONVILLE FL 32221
			400003051524--7 11/22/99-01117-013 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

AMERILAWYER-
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

DAVID CRIBBS

9. Name and Address of New Registered Agent

Name
 David Cribbs
 Street Address (P.O. Box Number is Not Acceptable)
 436 Ashcroft Landing
 Suite, Apt. #, Etc.
 City
 Jacksonville, FL
 State
 FL
 Zip Code
 32225

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
 David Cribbs
 VICE PRESIDENT REGISTERED AGENT MUST SIGN

Date 10/23/99

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.

SIGNATURE:

David Cribbs
 VICE PRESIDENT

David Cribbs 10/23/99 904-221-7670
 Date Daytime Phone #

CR2E040 (R/99)

2

October 23, 1999

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

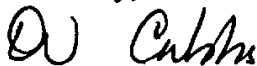
Re: P97000108652
Application for Reinstatement

To Whom It May Concern:

I discussed, with a representative from your office, that I did not receive the annual report for 1999 because mail was not forwarded to my new address. The representative indicated the Reinstatement Fee would be waived (a one time waiver) and to forward a check for \$150 to cover the Annual Report Fee and the Corporate Supplemental Fee.

Thank you for understanding the situation and granting a waiver. If there are any questions, please contact me at (904) 221-7670

Sincerely,



David Cribbs
Cribbs Construction
436 Ashcroft Landing
Jacksonville, FL 32225

Enclosure: Check # 109 for \$150