

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 31 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/12/02--01077--017
****308.75 ****308.75

CORPORATION REINSTATEMENT



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

DOCUMENT # P98000029876
1. Corporation Name **MANAGER**
WILLIAM J. SHENDELL CONSTRUCTION, INC.

2. Principal Office Address
12206 OLD COUNTRY ROAD

3. Mailing Office Address
12206 OLD COUNTRY ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WELLINGTON, FLORIDA

City & State
WELLINGTON, FLORIDA

Zip
33414

Country
U.S.A.

Zip
33414

Country
U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 03/28/98

5. FEI Number 65-0839252
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: WILLIAM J. SHENDELL
Street Address (P.O. Box Number is Not Acceptable): 12206 OLD COUNTRY ROAD
Suite, Apt. #, Etc.:
City: WELLINGTON
State: FL Zip Code: 33414

Handwritten notes:
8.75 - Cost
201.25 - AR
10.00 - AR ARS
88.75 - AR SUPP

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 J. Shendell Date: 5/21/02
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	WILLIAM J. SHENDELL	12206 OLD COUNTRY ROAD	WELLINGTON FL 33414
V.P.	WILLIAM J. SHENDELL	"	"
Sec.	WILLIAM J. SHENDELL	"	"

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: W J Shendell Date: 4/5/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/00)