

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED
MAR -7 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000036495

1. Corporation Name

PENTACON GENERAL CONTRACTING INC.

2. Principal Office Address

3959 OLYMPIC LN

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32223

Country

DUVAL

3. Mailing Office Address

11250 OLD ST AUGUSTINE RD

Suite, Apt. #, etc.

15-207

City & State

JACKSONVILLE

Zip

32257

Country

DUVAL

4. Date Incorporated or Qualified To Do Business in Florida

4/20/98

5. FEI Number

59-350 4410

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LAWRENCE W. SULLIVAN

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

3959 OLYMPIC LN

Suite, Apt. #, Etc.

City

JACKSONVILLE FL

State

FL

Zip Code

32223

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3-5-02

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
D	LAWRENCE W. SULLIVAN	3959 OLYMPIC LN	JACKSONVILLE FL 32223

400005063804
-03/07/02--01038--001
****335.00 ****300.00
01-024BR

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:

LAWRENCE W. SULLIVAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-02

Date

(904)553 8090

Daytime Phone #

CR2E081 (9/01)

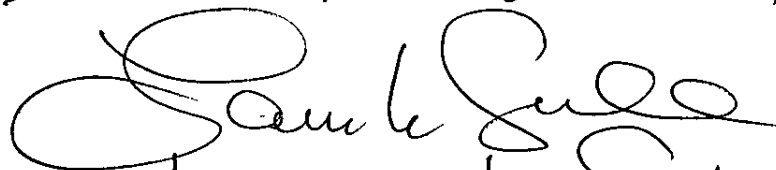
PENTACON GENERAL CONTRACTING INC
3959 OLYMPIC LANE
JACKSONVILLE FL. 32223

7 MAR 2002

DEPT OF CORPORATIONS

TO WHOM IT MAY CONCERN

MY UNIFORM BUSINESS REPORT
FOR THE YEAR 2001 WAS SENT OUT
FROM MY OFFICE ON 12 APR 2001 AND
I WAS NOT NOTIFIED BY DEPT OF
CORPORATIONS THAT IT WAS NOT RECEIVED.


LAWRENCE W. SULLIVAN