

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC -1 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000036495

1. Corporation Name
PENTACON CONTRACTING INC.

2. Principal Office Address
1800 THE GREENS WAY

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
1006

Suite, Apt. #, etc.

City & State
JACKSONVILLE BEACH

City & State

Zip
32250

Country
DUAL

Zip

Country

REINSTATEMENT 03-06

4. Date Incorporated or Qualified To Do Business in Florida
4-20-98

5. FEI Number
59-3504410

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
LAWRENCE WAYNE SULLIVAN
Street Address (P.O. Box Number is Not Acceptable)
1800 THE GREENS WAY
Suite, Apt. #, Etc.
1006
City
JACKSONVILLE BEACH
State
FL
Zip Code
32250

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 Lawrence Wayne Sullivan Date 1 DEC 06
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
PRESIDENT	LAWRENCE WAYNE SULLIVAN	1800 THE GREENS WAY #1006 JACKSONVILLE BEACH FL 32250	JACKSONVILLE BEACH FL 32250

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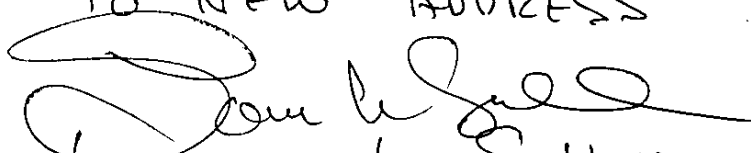
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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 contained in Chapter 119, 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 Wayne Sullivan 1 DEC 2006 904 553 8090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DEC 1, 2006

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I DID NOT RECEIVE ANNUAL REPORT
INFORMATION FOR YEAR 2003 DUE
TO RELOCATION TO NEW ADDRESS


LAWRENCE W. SULLIVAN.

P98000036495