

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000042172 1. Corporation Name KIRBY CONSTRUCTION OF PLANT CITY, INC.			
2. Principal Office Address 4106 EL SHADDIAI SQUARE Suite, Apt. #, etc. City & State PLANT CITY FL Zip 33565		3. Mailing Office Address 4106 EL SHADDIAI SQUARE Suite, Apt. #, etc. City & State PLANT CITY Zip 33565	
		4. Date Incorporated or Qualified To Do Business in Florida 05/07/1998	
		5. FEI Number 59-3513002 Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name TROY WARREN KIRBY Street Address (P.O. Box Number is Not Acceptable) 4106 EL SHADDIAI SQUARE Suite, Apt. #, Etc. City PLANT CITY State FL Zip Code 33565			
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 <i>Troy W. Kirby</i> Date 10-6-03 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 Officers and/or Director	City/State/Zip
D	TROY WARREN KIRBY	4106 EL SHADDIAI SQUARE	PLANT CITY, FL 33565
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: <i>Troy Warren Kirby</i> TROY WARREN KIRBY 10-6-03 813-752-0041 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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Kirby Construction of Plant City, Inc.
4106 El Shaddiai Square
Plant City, FL 33565

October 6, 2003

SENT VIA FEDERAL EXPRESS

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

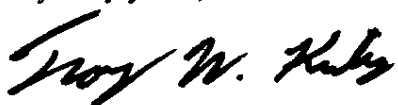
Dear Sir or Madam:

I respectfully request a waiver of the reinstatement fee. This request is being made because the corporation did not receive a Uniform Business Report form from the State of Florida. As a result, the corporation's UBR was not filed and the corporation was administratively dissolved for failure to file the annual report.

Enclosed you will find our Corporation Reinstatement form and our check made payable to the Department of State in the amount of \$ 150.00.

Thank you in advance for your assistance in this matter.

Very truly yours,



Troy Warren Kirby, President
Kirby Construction of Plant City, Inc.