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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P 98 000 10 2558

1. Corporation Name

BARBARA PAul Construction, Inc.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. Principal Office Address		3. Mailing Offic	e Address		REM	STATEME	ATT /	$\triangle 2$	
RHI.	Box 31-4		R.L. 1	30x3	ı- A	0 4 2m 11 4 4	are a production		
Suite, Apt.		<u>-</u>	Suite, Apt. #, etc						
							rporated or Qualified siness in Florida / 2	19/98	
City & State	9	· · · · · · · · · · · · · · · · · · ·	City & State						
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				e and Addre	ss of Current Regist	tered Agent		<u>.</u>	
	Name					<u> </u>			1
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	Street Address (P.O.					•		201088	
	Suite, Apt, #, Ptc.	SUR 31-	.4					. 1)() *** *	
	Suite, Apr. #, Lic.								1
	City						State Zip Code]
	Lamon	+					FL 3233	6	
8. I, being	appointed the registered	d agent of the abo	ve named corporat	tion, am famili	ar with and accept the	e obligations of sec	ction 607.0505 or 617.0503	3, F.S.	7070
Signature o	of Ka	1.	0-0	7			o /		F081
Registered	Agent / Ju	Var BE	GISTERED AGEN	T MUIDT OLO			Date 2/15	102	6
				IMUSISIG	N				
O Name	and Otrock Addresses					t la sat 2 discatase)			
9. Names	s and Street Addresses o	of Each Officer and			orporations must list a	<u>_</u>			
9. Names						ach	City /	State / Zip	
	Officers	of Each Officer and Name of and/or Directors	d/or Director (Florid	a nonprofit co	orporations must list a Street Address of Ea Officer and/or Direc	ach			
		of Each Officer and Name of and/or Directors	d/or Director (Florid	a nonprofit co	orporations must list a	ach	City /		36
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Titles	Officers BARBARA	Name of and/or Directors	d/or Director (Florid	a nonprofit co	orporations must list a Street Address of Ea Officer and/or Direct 3]- 4	ach	Comont C	FC 323	
Titles 10. I certifithis rei	Officers BARBARA y that I am an officer or denstatement application, to	Name of and/or Directors Paul irrector or the rece he reason for disson	iver or trustee empolution has been el	a nonprofit or	Street Address of Ea Officer and/or Direct 3 /- 4 ecute this application a corporate name satisf	ach tor as provided for in c	hapter 607 or 617, F.S. i fulls of section 607.0401 or 6	rther certify that w	then filing tall fees
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