PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -5 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000107799**

1. Corporation Name

PROVENCHER PIERS, INC.

Principal Place of Business	Mailing Address
261 LITTLE CANAL RD. SANTA BCH FL 32459	P.O. BOX 1872 SANTA ROSA BCH FL 32459

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/23/1998

5. FEI Number: 59-3551394

6. CERTIFICATE OF STATUS DESIRED [ ] Applied For [ ] Not Applicable

$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PROVENCHER, JEFF	261 LITTLE CANAL RD.	SANTA BCH FL 32 59
S	JOE, ALDERMAN E	246 MARKON BLVD	SANTA ROSA BEA H FL 32459
S	GUSTUS, MILLER C	PO BOX 1128	FREE PORT FL 32 4

800023972328
10/21/03--01077--012 **150.00

8. Name and Address of Current Registered Agent

PROVENCHER, JEFFREY M
261 LITTLE CANAL RD.
SANTA BCH FL 32459

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

11. 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: _____ 11-3-03 850-830-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

October 14, 2003

DEPT OF STATE
DIVISION OF CORP
P.O. BOX 6327
TALLAHASSEE, FL 32314

DEAR SIR OR MADAM:

WE ARE SORRY THAT OUR CLIENT DID**NOT** RECEIVE HIS CORPORATION PACKET TO LET HIM KNOW THAT HIS ANNUAL FEE WAS DUE. PLEASE REACTIVATE HIS NUMBER P98000107799 AND ENCLOSED IS THE 150.00 FEE FOR THE YEAR. THE CORRECT MAILING ADDRESS TO SEND IT TO IS P.O. BOX 1872, SANTA ROSA BEACH, FL 32456.

HIS OFFICERS FOR THE YEAR ARE:
JEFF PROVENCER PRESIDENT
MICHAEL GIBSON SEC.
CRAIG MILLER SEC.
IF YOU HAVE ANY QUESTIONS PLEASE CALL 850-892-2752- ASK FOR JANIE.
THANK YOU

Sincerely,

JANIE CARROLL
PAYROLL CLERK

DAVID R. JOHNSON CPA