

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 OCT 19 PM 12:54	
DOCUMENT # P99000053253					
1. Corporation Name HAMILTON COUNTY CONSTRUCTION INC					
Mailing Address 429 W CHURCH AVE LONGWOOD FL 32750		Principal Place of Business 429 W CHURCH AVE LONGWOOD FL 32750			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				DO NOT WRITE IN THIS SPACE	
2. New Mailing Address, If Applicable		3. New Principal Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 6/10/99	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3585938	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1	2	3	4		
P	HARPER E. A	429 W CHURCH AVE	LONGWOOD FL 32750		
			4000004669024--0		
			-11/06/01--01054--021		
			****150.00 ****150.00		
			10/16/01		
8. Name and Address of Current Registered Agent COLIN VANESSA 705 W AZULE ST LAKE PARK FL 32606			9. Name and Address of New Registered Agent Name E A HARPER Street Address (P.O. Box Number is Not Acceptable) 429 W CHURCH AVE Suite, Apt. #, Etc. City LONGWOOD State FL Zip Code 32750		
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. Signature of Registered Agent <i>E. A. Harper</i> Date 10/16/01 REGISTERED AGENT MUST SIGN					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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>E. A. Harper</i> Date 10/16/01					

Hamilton County Construction, Inc  
429 W Church Avenue  
Longwood Fl 32750

407-332-7431

Division of Corporations Reinstatement Section  
PO Box 6327  
Tallahassee Fl 32314-6327

October 15, 2001

Mr. Andy Dunlap,

RE: Hamilton County Construction, Inc.

As Per Our Conversation Today I wish to Advise that I have not received any previous  
Notices regarding filing my annual report and I apologize for any inconvenience I may  
Have caused. I am enclosing a check for \$150.00 for Reinstatement as per our  
conversation today, as well as a signed reinstatement report.

Yours Sincerely



E.A Harper  
President