PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 DEC -8 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000060060

1. Corporation Name

City Construction Co, Inc of Pinellas

REINSTATEMENT 03-06

2. Principal Office Address	3. Mailing Office Address
8021 Sailboat Key Blvd.	8021 Sailboat Key Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: S. Pasadena, FL	City & State: S. Pasadena, FL
Zip: 33707 Country: Pinellas	Zip: 33707 Country: Pinellas

4. Date Incorporated or Qualified To Do Business in Florida: 06/30/1999

5. FEI Number: 59 3588386 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: James E. Johnson II

Street Address (P.O. Box Number is Not Acceptable): Brian E. Johnson, P.A.

Suite, Apt. #, Etc.: 7190 Seminole Blvd.

City: Seminole State: FL Zip Code: 33772

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: James E. Johnson II Date: 12/08/06

REGISTERED AGENT MUST SIGN

CR2E035 (10/05)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, D	Sorem, Melvin	8021 Sailboat Key Blvd	S Pasadena, FL 33707

000625417 795
12/14/06--01016--023 **1208.75

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: X Melvin Sorem 12/08/06 (727) 347-9427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/8 aw