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### **CORPORATION** REINSTATEMENT



#### FLORIDA DEPARTMENT OF STATE Katherine Harris<sup>5</sup> Secretary of State

**DIVISION OF CORPORATIONS** 

| DOCUMENT # | P99000074033 |
|------------|--------------|
|            |              |

| DOCUMENT # P99000074033  1. Corporation Name              |  |  | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA        |  |
|---|--|--|---|--|
| Const   | ruction Credit   | Consultants,                                       | Inc.  |  |
| 2. Principal Office                                       | hady-Oaks-Dr.  | 3. Mailing Office Address Same Suite, Apt. #, etc. |   | Olozuse  |
| City & State Oldsmar Zip                                  | , F1. Country  | 1602 Shady City & State Oldsmar, E                 | , A   | 4. Date Incorporated or Qualified To Do Business in Florida  8/19/99  Applied For  593601015  Not Applicable   |
| 34677   | Pinellas   | 34677  | Pinellas  | CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status  |
|   | and the state of t | 7. Name and A                                      | Address of Current Register                       | Contraction of the Contraction o |
| Suite<br>City   | e, Apt. #, Etc.  Tampa, Fl.  | Boulevard 33606                                    |   | Sey_Stull, P.A.  500006592626-7 -07/23/02-01055-020 *****300.00 *****300.00  State Zip Code FL 34677   |
| 8. I, being appoint<br>Signature of<br>Registered Agent _ | A. Jeffre  | over named corporation, am fa                      | ·   | DateDate   |
| 9. Names and Str  | reet Addresses of Each Officer and   | d/or Director (Florida nonpro                      | fit corporations must list at le                  | east 3 directors)  |
| Titles  | Name of Officers and/or Directors  |  | Street Address of Each<br>Officer and/or Director |  |
| Pres. Wa  | rren H. Butler   | 1.602  | Shady_Oaks  | Dr. Oldsmar,Fl. 34677  |
|   | om an officer or director or the reco  | alver or trustee empowered to                      | O execute this application as                     | provided for in charger 607 or 617, F.S. I further certify that when filing  |

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), E.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:

-813-855-3874

Daytime Phone #

# DO NOT REMOVE



# Construction

## Credit

Consultants, Inc.

1602 Shady Oaks Dr. Oldsmar, Fl. 34677 (813) 855-3874

Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

April 6, 2002

Re: Construction Credit Consultants, Inc. FEI # 593601015
Involuntary Dissolution

Gentlemen,

I am writing to respectfully request that my business be re-instated as an active for profit corporation. I am just a one-man operation, a Sub-chapter S corporation, in business a very short time. My wife and I moved, purchasing a new home in Dec of 2000 and have never received an annual report. Understanding that this is certainly not your problem, but rather my failure to notify your office of a change in address. I would have thought however, that had one been mailed, that the post office would have forwarded the paperwork to our new location. I simply gave no thought to notifying your office of our new residence, for-which-I-regret. I-am-requesting that due to this un-intentional—oversight on my part that the re-instatement fee of \$750.00 be waived and that your office please accept my apology and the enclosed check in the amount of \$150.00 to correct my error. Please update your records with my new address. Thank you very much for your consideration.

Warren H. Butler-

New Address: 1602 Shady Oaks Dr. Oldsmar, Fl. 34677