CAPITAL CONNECTION 850 222 1222 01/25 '02 14:57 NO.730 02/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-02 UBR

FILED
02 JAN 29 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****300.00 ****300.00

LS

1. Corporation Name
CENTENNIAL CONSTRUCTION CO., INC
P.O. BOX 272
MYAKKA CITY, FL 34251

2. Principal Office Address	**3.** Mailing Office Address
36624 SINGLETARY RD	P.O. BOX 272
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MYAKKA CITY, FL	MYAKKA CITY FL
Zip 34251 Country MANATEE	Zip 34251 Country MANATEE

4. Date Incorporated or Qualified To Do Business In Florida 10-01-1999

5. FEI Number 65-0952416 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DAVID W. PARKS
Street Address (P.O. Box Number Is Not Acceptable): ~~P.O. BOX 272~~ 36624 SINGLETARY RD
Suite, Apt. #, Etc.:
City: MYAKKA CITY State: FL Zip Code: 34251

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: David W Parks Date: 1/26/02
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	DAVID W. PARKS	36624 SINGLETARY RD	MYAKKA CITY FL 34251

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: David W Parks 1/26/02 941 3220069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

202

Centennial Construction Co., Inc.
P. O. Box 272
Myakka City, FL 34251

January 25, 2002

P9900084203
Dissolved 2001

To Whom It May Concern:

Our annual registration for the 2001 filing was sent to an address that was incorrect. We would like the abatement of the excess fees. We are enclosing $300 per your instructions.

Yours truly,

David W. Parks

David W. Parks
President.