PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 MAY 21 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000095581

1. Corporation Name

ENGLISH BROTHERS CONSTRUCTION MANAGEMENT, Inc

REINSTATEMENT 001

2. Principal Office Address	**3.** Mailing Office Address
825 W. Hope Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola FL	City & State
Zip: 32534 Country: ESCAMBIA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10-29-99

5. FEI Number: 59-1073296 ☐ 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: OTIS J. ENGLISH

600004430916--3
-06/19/01--01115--028
****900.00 ****900.00

Street Address (P.O. Box Number is Not Acceptable): 3803 N. 10th Ave

Suite, Apt. #, Etc.

City: Pensacola State: FL Zip Code: 32503

LS

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: Otis J English Date: 5-17-2001

REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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.	OTIS J. ENGLISH	3803 N. 10th Ave	Pensacola FL 32503
Sec	NED J. ENGLISH	211 ARIOLA Ave	Pensacola FL 32503

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: Otis J English 5-17-2001 850-479-7845

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