Show and

|   | PLI   | EASE READ  | ALL INST   | TRUCTÌC   | NS BEFORE   | COMPLET  | TING THIS EC   |  |  |
|---|---|--|--|---|---|--|--|--|--|
| REINSTATEMENT                           |   |  | DEPARTING Secretary of controls                            |   |   | 04 FEB 11 AH 8: 22  SECRETARY OF STATE TALLAHASSEE FLORIDA |  |  |  |
| DOCU                                    | JMENT #   | S38668   |  |   |   |  | IALLAHASSE   | E FLORIDA  |  |
| Sout                                    | hern Cons   | truction Cons  | sultants, li   | nc.   |   |  |  |  |  |
|   |   |  |  |   |   | 02/1   | 000277<br>8/0401011-   | 56857<br>-004_**141.25   |  |
| ,                                       |   |  |  | Office Address<br>Knoll Trail                       |   | THE NAME OF  | MACH   | EN 03-09   |  |
| Suite, Apt. #, etc. Suite Suite 300 Su  |   |  |  |   |   |  | 4. Date Incorporated or Qualified To Do Business in Florida 03/14/1991 |  |  |
| City & State City & Dallas, Texas Da    |   |  |  | Texas   | ark and a supplementary and a supplementary of the | ======================================                     | 5-FEI Number Applied For   |  |  |
| Zip Country                             |   | •  | Zip  |   | Country   |  | 75-2341403 Not Applicable Secure 73 \$8.75 Additional Fee required     |  |  |
| 75248                                   | US  | SA   | 75248  |   | USA   | 6.<br>CERTIFICA  | TE OF STATUS DESIRED   | for a Certificate of Status  |  |
| :                                       | Name Robert A. Golden  Street Address (P.O. Box Number is Not Acceptable)  110 South Hoover Blvd. W |  |  |   |   |  |  | 56857<br>-017 **750,00   |  |
| i                                       | Suite, Apt. #, Etc. Suite 301   |  |  |   |   |  | 000277<br>28/0401058-<br>State Zip Cod                                 | -018 **8.75  |  |
|   | Tamp  |  |  |   |   |  | <b>FL</b>   3360   | ·=   |  |
| 8. I, being a Signature of Registered A | V D   | gnt a.   | ove named corp  O  REGISTERED A                            |   |   | e obligations of see                                       | Date 2   | 127 lo4  |  |
| 9. Names                                | and Street Addres   | ses of Each Officer a  | nd/or Director (F  | lorida nonprofit                                    | corporations must list a  | t least 3 directors)                                       |  |  |  |
| Titles                                  | Name of<br>Officers and/or Directors  |  |  | Street Address of Each<br>Officer and/or Director   |   |  |  | City / State / Zip   |  |
| Р                                       | James H. Hancock  |  |  | 3211 Squireswood Dr.                                |   | Carrollton, TX 75006                                       |  |  |  |
| V                                       | Robert O. Colby, II   |  |  | 474 Milledge Gate Terr.                             |   | Marietta, GA 30067   |  |  |  |
| D                                       | James H. Hancock  |  |  | 3211 Squireswood Dr.                                |   | Carrollton, TX 75006                                       |  |  |  |
| D                                       | Robert O. Colby, II   |  |  | 474 Milledge Gate Terr.                             |   | Marietta, GA 30067   |  |  |  |
|   |   |  |  |   |   |  |  |  |  |
|   |   |  |  |   |   |  |  | •  |  |
| this rein<br>owed b                     | nstatement application to the corporation is the  | tion, the reason for dis<br>nave been paid and the<br>and accurate, and my | ssolution has been a names of individual signature shall h | en eliminated, the iduals listed on have the same l | he corporate name satis   | fies the requirement<br>for an exemption under oath.       | nts of section 607.0401<br>nder section 119.07(3)(                     | I further certify that when filing or 617.0401, F.S., that all fees i), F.S. The information indicated 972-241-4367  Daylime Phone # |  |