## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS HORM

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## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S64476

1. Corporation Name

AMERICAN GENERAL CONSTRUCTION CORP.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

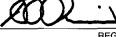
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| 2. Principal Office Address |                | 3. Mailing Office Addre | ess            | -10/03/0001007003   |                           |  |
|-----------------------------|----------------|-------------------------|----------------|---|---------------------------|--|
| 2506 S.E                    | Willoughby Bl  | vd. 2506 S:E            | EmaWilloughb   | <u>y</u> Blvd. ****900.00                                   | ****900.00                |  |
| Suite, Apt. #, etc.         |                | Suite, Apt. #, etc.     |                |   |                           |  |
|                             | · ب سوچيد، د . |                         |                | 4. Date Incorporated or Qualified To Do Business in Florida | 01 /01                    |  |
| City & State                |                | City & State            |                | · · · · · · · · · · · · · · · · · · ·                       | 01/91                     |  |
| C+ 15.4 F1                  |                | C 1                     | E1             | 5. FEI Number   | Applied For               |  |
| <u>Stuart, FL</u>           |                | Stuart,                 | <u> </u>       | 65-0276499  | Not Applicable            |  |
| Zip<br>34994                | Country Martin | Zip<br>34994            | Country Martin | 6.  | 5 Additional Fee required |  |

|                      | ·                 |               |                   |                     |       |          | 101 0 001 (1)100110 |
|----------------------|-------------------|---------------|-------------------|---------------------|-------|----------|---------------------|
| •                    |                   | 7. Name and A | Address of Currer | nt Registered Agent |       |          |                     |
| Name                 |                   |               |                   | <del></del>         |       |          |                     |
| Al Pu                | ırino             |               |                   |                     | -     |          |                     |
| Street Address (P.O. | Box Number is Not | Acceptable)   |                   |                     |       |          |                     |
| 2506                 | SíE, Wil          | loughby Blv   | /d.               |                     |       |          |                     |
| Suite, Apt. #, Etc.  |                   |               |                   |                     |       |          |                     |
|                      |                   |               |                   |                     |       |          |                     |
| City                 | -                 |               |                   |                     | State | Zip Code |                     |
| 9+112                | irt               |               |                   | •                   | FL    | 3/199/   |                     |

| 8. | f, being appointed | the registered agen | of the above named | d corporation, an | n familiar with and accept i | the obligations of sec | tion 607.0505 or 617.0503, F.S. |
|----|--------------------|---------------------|--------------------|-------------------|------------------------------|------------------------|---------------------------------|

Signature of Registered Agent



REGISTERED AGENT MUST SIGN

Date 9/7/00

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| Р      | Al Purino                            | 2506 SE Willoughby Blvd                           | Stuart, Fl 34994   |
| V/S    | Frank Poma                           | 2506 SE Willoughby Blvd.                          | Stuart, FL 34994   |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/00

561-267-9778