PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUL 22 PM 3:24

DOCUMENT # 571407

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1. Corporation Name

C.A. HEWITT CONSTRUCTION, INC.

2. Principal Office Address
4253 WILLOW BAY DR
Suite, Apt. #, etc.
City & State
WINTER GARDEN, FLA 34787
Zip 34787 Country USA

3. Mailing Office Address
4253 WILLOW BAY DR
Suite, Apt. #, etc.
City & State
SAME
Zip SAME Country USA

4. Date Incorporated or Qualified To Do Business in Florida 8/12/88

5. FEI Number
59-3084274
X 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
CRAIG A. HEWITT
Street Address (P.O. Box Number is Not Acceptable)
4253 WILLOW BAY DR
Suite, Apt. #, Etc
City
WINTER GARDEN
State FL Zip Code 34787

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 Craig A Hewitt
REGISTERED AGENT MUST SIGN
Date 7/18/02

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 34787
PRES	CRAIG A. HEWITT	4253 WILLOW BAY DR	WINTER GARDEN, FL
SEC/TR	CYNTHIA L. HEWITT	" " "	" "

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: Craig A Hewitt 7/18/02 407.492.1801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CRAIG A. HEWITT