

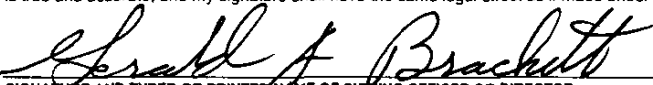


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	FILED 06 FEB 22 PM 4:07 SEC. TALL 400067465114 03/09/06--01026--027 **1050.00 CR2E081 (12/05)	
<b>DOCUMENT # S80289</b>				
<b>1. Corporation Name</b>  SALLY BRACKETT CONSTRUCTION COMPANY				
<b>2. Principal Office Address</b> 1133 Park Avenue		<b>3. Mailing Office Address</b> 1133 Park Avenue		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
<b>City &amp; State</b> Tavares, Florida		<b>City &amp; State</b> Tavares, Florida		
<b>Zip</b> 32778	<b>Country</b> USA	<b>Zip</b> 32778	<b>Country</b> USA	
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> September 16, 1991		
		<b>5. FEI Number</b> 65-0305497	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>		
<b>7. Name and Address of Current Registered Agent</b>				
Name GERALD A. BRACKETT				
Street Address (P.O. Box Number is Not Acceptable) 1133 Park Avenue				
Suite, Apt. #, Etc.				
City Tavares		State FL	Zip Code 32778	
<b>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.</b>				
Signature of Registered Agent 		Date 2/13/06		
REGISTERED AGENT MUST SIGN				
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>				
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>	
P/D	LYNN A. GILLETTE	455 Shady Pine Court	Minneola, FL 34715	
VP/D	BRENT T. GILLETTE	455 Shady Pine Court	Minneola, FL 34715	
SVP/D	GERALD A. BRACKETT	1133 Park Avenue	Tavares, FL 32778	
<b>REINSTATEMENT</b>				
<b>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 contained in Chapter 119, 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.</b>				
<b>SIGNATURE:</b> 		<b>2/13/06</b>	<b>352-343-5592</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	