PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| CORPORATION | |
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| OCUMENT # | |



| CORPORATION | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | SECRETARY OF STATE DIVISION OF CORPORATIONS 03 JUL 18 PM 12: 46 |
|---|---|---|
| DOCUMENT # V 292 1. Corporation Name | 35 | |
| GRA CONSTRUCTIO | N. INC. | 200021988262 08/01/0301004022 **458.75 |
| 2. Principal Office Address 1 REFORMA LANE | 3. Mailing Office Address P. O. Box 14 25 | 201-2013 LIBB |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. Date Incorporated or Qualified To Do Business in Florida 4-17-92 |
| PORT St. Lucie, F/ | City & State PORT SALERNO FL. Zip Country | 5. FELNumber Applied For Not Applicable |
| Zip Country 34952 St. Lucié | 34992 MARTIN | CERTIFICATE OF STATUS DESIRED of tor a Certificate of Status |
| Name / | 7. Name and Address of Current Register | ed Agent |
| HENRY LA Street Address (P.O. Box Number is N | | |
| I REFORMA L. Suite, Apt. #, Etc. | 7 N E | |
| Port St. Lu | c uE | State Zip Code FL 34952 |
| 8. I, being appointed the registered agent of the abo | ove named corporation, am familiar with and accept the o | bligations of section 607.0505 or 617.0503, F.S. |
| Signature of Registered Agent R | EGISTERED AGENT MUST SIGN | Date |
| 9. Names and Street Addresses of Each Officer an | d/or Director (Florida nonprofit corporations must list at le | ast 3 directors) |
| Titles Name of Officers and/or Directors | Street Address of Each Officer and/or Director | |
| TREA HENRY Lin | A IREFORMALA | ve Port St. Lucie, F1.3495 |
| sec Joyce C. Liri | a I RéFORMA CA. | va fort St. Lucia, F1. 3495 |
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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.

772- Z60-6343 Daytime Phone #

To Whom it may Concorn Please be admid Stat CIRA ConsTruction, Inc Neva received the Corporate Paper work reguned for Continuation of Conforction Find Enclosed Certified Check in the award of 450.00 Plus #8.50 for Certificat of Status as admised by the Division of Confinations Thank you frencht