

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 27 PM 1:40

DOCUMENT # 003203

1. Corporation Name

WOOD-HOPKINS CONTRACTING COMPANY

Principal Place of Business

Mailing Address

1901 HILL STREET
 P O BOX 3215
 JACKSONVILLE FL 32206-0215

1901 HILL STREET
 P O BOX 3215
 JACKSONVILLE FL 32206-0215

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
 5200-77 Center Drive

3. New Mailing Office Address, if Applicable
 5200-77 Center Drive

Suite, Apt. #, etc.
 Suite 100

Suite, Apt. #, etc.
 Suite 100

City & State
 Charlotte, NC

City & State
 Charlotte, NC

Zip 28217 Country

Zip 28217 Country

4. Date Incorporated or Qualified To Do Business in Florida

03/14/1906

5. FEI Number

59-0516010

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
VP	GURRY, J EDWARD H. Max Deal	9117 OLD BARNETTE PALOE 5627 Sharon Rd.	HUNTERVILLE NC 28078 Charlotte, NC 28210
S	CAMPBELL, MARY C James Y. Preston	1901 HILL STREET 2500 Charlotte Plaza	JACKSONVILLE FL 32202 Charlotte, NC 28244
D	ROWE, O REGAN JR	1195 E 4TH ST 29 Wentworth St.	CHARLOTTE NC 28204 Charleston, SC 29401
D/C/P	SPEICHER, GLENN G. Robert R. Dunn	1901 HILL ST BOX 3215 5200-77 Center Dr, Ste 100	JACKSONVILLE FL Charlotte, NC 28217

8. Name and Address of Current Registered Agent

MARY C CAMPBELL
 1901 HILL STREET
 JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name
 CI Corporation System
 Street Address (P.O. Box Number is Not Acceptable)
 1200 S. Pine Island Rd.
 Suite, Apt. #, Etc.
 City
 Plantation
 State
 FL
 Zip Code
 33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of Registered Agent
JENNIFER FAULTMAN
 ASSISTANT SECRETARY

Date 10-22-99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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 807.0401 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: Robert R. Dunn
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/21/99 (704) 527-3336
 Daytime Phone #



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CR2E040 (8/99)