

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
OCT 13 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD0000057496

1. Corporation Name
Southpaw Construction

600023749516
10/13/03--01059--025 **150.00

2. Principal Office Address
Johnnie South P.O. Box 3061
Suite, Apt. #, etc.

3. Mailing Office Address
Johnnie South P.O. Box 3061
Suite, Apt. #, etc.

City & State
Springhill
Zip Country
34611 USA

City & State
FLORIDA
Zip Country

4. Date Incorporated or Qualified
-- To Do Business in Florida -- May 23, 2002

5. FEI Number
04-3669893 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
Johnnie South
Street Address (P.O. Box Number is Not Acceptable)
1109 Lodge Circle
Suite, Apt. #, Etc.
City
Springhill State FL Zip Code 34606

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 [Signature] REGISTERED AGENT MUST SIGN

Date 10-08-03

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
P	Johnnie South	1109 Lodge Circle	Springhill FL 34606
NP	Leslie South	1109 Lodge Circle	Springhill FL 34606

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] Johnnie South 10-08-03 352-183-9188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

Johnnie South

10-08-03

To Whom it may concern,

I Did not receive the
Uniform Business Report until
10-07-03 I do not know
where it was, because we
are new in business I
did not realize that this
Report was even supposed to
be filed. I am sorry this
happened IF I need to pay
an additional fee please
let me know.

Thank you,
Leslie South

Southpaw Construction
FEI 04-3669893
P.O. Box 3061
Springhill FL 34611
(352) 683-9188