

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV 23 AM 9:50

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 835695

1. Corporation Name

Faulkner Construction Co., Inc.

2. Principal Office Address

263 Kelly Dr.

3. Mailing Office Address

P O Box 1226

Subs., Apt. #, etc.

Subs., Apt. #, etc.

City & State

Dothan, AL

City & State

Dothan, AL

Zip

36303

Country

US

Zip

36302

Country

US

REINSTATEMENT OK

10/25/04 01090 003 750.00

4. Date Incorporated or Qualified To Do Business in Florida

1968

5. FEI Number

63-0568979

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

30.75 Available for requiring form 1000-0001 of 1/03

7. Name and Address of Current Registered Agent

Name

Corp Direct Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)

103 N. Meridian St.

Subs., Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0003 or 617.0503, F.S.

Signature of Registered Agent

[Signature]

Date 11/12/04

REGISTERED AGENT MUST SIGN

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

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|------------|-----------------------------------|--|--------------------|
| Pres. | B.E. Faulkner | 307 Englewood Ave. | Dothan, AL 36303 |
| Treas | | | |
| Vice Pres | Julian D. Pilcher | 906 Dogwood Trail | Dothan, AL 36301 |
| Corp. Sec. | Becky D. Alford | 92 Centre Dr. | Dothan, AL 36303 |
| | | | |
| | | | |
| | | | |

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 taxes 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)(f), 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]

Corporate Secretary

10/21/04

(334)792-2143

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Phone #

11/29
aw