

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 3, AM 11:58

DOCUMENT # F 99000004456

1. Corporation Name
CONBOY & MANNION CONTRACTING INC.

2. Principal Office Address
10 Lake Avenue

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Saratoga Springs NY

City & State

Zip
12806

Country
Saratoga

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
08/24/1999

5. FEI Number
141686110

Applied For
Not Applicable

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

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name
NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
2731 EXECUTIVE PARK DRIVE SUITE # 4

Suite, Apt. #, Etc.

City
WESTIN

State
FL

Zip Code
33331

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
Zelma M. Howarth, RST Secy
Date
8-2-06
REGISTERED AGENT MUST SIGN

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
Pres.	Daniel Conboy	767 N. Broadway	Saratoga Spgs NY 12806
v. Pres	Michael Mannion	126 Caroline Street	Saratoga Spgs NY 12806

000078777150
08/18/06--01048--015 **900.00

REINSTATEMENT 0526

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.

SIGNATURE: DANIEL CONBOY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/01/06 576 5834038
Date Daytime Phone #



C O N B O Y & M A N N I O N
C O N T R A C T I N G I N C

July 31, 2006

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Inactive Status/Reinstatement

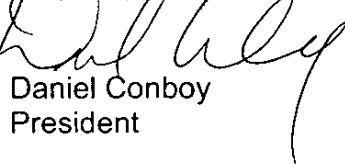
To whom it may concern:

As per my phone call to the Corporations Division I am informing you in writing that Conboy & Mannion Contracting, Inc. did not receive Annual Report Notices for the years in question. As a result I was instructed to pay a total \$900.00 (nine hundred dollars) reinstatement fee.

If you have any questions or comments please contact Maureen Malone at 518-583-4038.

Thank you.

Very truly yours,



Daniel Conboy
President