PLEASE READ A	ALL INSTRUCTIO	NS BEFORE (	COMPLETING THIS FOR	М.	
APPLICATION A DEPARTMENT OF STATE			FILED		
FOR Security of States			S9 HAY 17 PH 1:22		
REINSTATEMENT DIVISION OF CORPORATIONS			SECLETARY OF STATE THULLAHASSEE, FLORIDA		
DOCUMENT # p94000086666  1. Corporation Name			FALLAMASSEE, I	TLORIDA	
PI Construction Corporation					
			_		
Principal Place of Business Mailing Address  13498 Pond Springs Road  Building A Same as principal Place of Business Mailing Address					
Building A Same as pri Austin, Texas 78729-4417		principal	AND THE STATE OF T	1116 A- 50 O	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	98-99 W	
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If 13498 Pond Spring		ss, If Applicable	Date Incorporated or Qualified     To Do Business in Florida	11-28-94	
Suite, Apt. #, etc.	Building A		5. FEI Number	Applied For	
City & State City & State Austin, Texas			84 <b>-</b> 1199992	Not Applicable	
Zip Country	78729-4417 t	ountry <b>USA</b>	CERTIFICATE OF STATUS DESIRED 🕸	\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o  Name of Officers and/or Directors	or Director (Florida nonprofit co	Street Address of Each Officer and/or Director	h	(0)	
		OT Use Post Office Box N		/ State / Zip	
P William L. Clary 13498 Pond Springs Ro			coad, Bldg A. Austin To	K 78729–4417	
			20000289	-01059010	
				75 *****908.75	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
339 Lake Marietta Drive West  Jacksonville FL 32220  Street Address ( 112 Suite, Apt #, Etc. City			n Harrell  O. Box Number is Not Acceptable)	South C45.00	
			11221 St Johns Ind Pkway South		
			10:N- 11221 ES	ate Zip Code	
Jac.  10. I, being appointed the registers Agent of the above named corporation, am familiar with and accept the ob-			eksonville Folion 607.0505, F.S.	L 32246	
Signature of Registered Agent M M			Date 5/	14/85	
	GISTERED AGENT MUST SIGI	N			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes □ No ☑ (See other side for info					
12. I certify that I am an officer or director or the receive	er or trustee empowered to exe	cute this application as p	provided for in chapter 607 or 617, F.S. I furth	per 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 tees 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 in this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
$\int  \mathcal{M}  \int  \mathcal{M}  $					
SIGNATURE: William L. Clary, President 5-11-99 (512) 918-1161 SIGNATURE: Date Date Date Date Date Date Date Date					