PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		RTMENT OF STA	ATE		10 JUL 16	
DOCUMENT # F03000003000					04-10	remen.
1. Corporation Name Abel Construction Company, Inc.				KE	INSTA.	IEMEN.
				7	<u>(00,1833)</u>	36547 -008 **1658.75
2. Principal Office Address - No P.O. Box #	3. Mailing Office Addre	_		urz.	19/1001033-	ONG **1020.(2
3401 Bash ford Avenue Ct.	3401 Boshford	Averve Ct.			CR2E081 (11	/09)
Suite, Apt. #, etc.			4.	Date Incorp	orated or Qualified	()
City & State	City & State				less in Florida 6/	13/203
	Louising A	de Ky		FEI Number		Applied For Not Applicable
LOUISVITE, KY Zip Country	Zip	Country	6.	W		8,75 Additional Foo required
40218 USA	40218	USA		CERTIFICATE	OF STATUS DESIRED 🗵	for a Cortilicate of Status
7. Name and Address of Current Rogistered Agent						
Name Corporation Service Company				nstatement fee is l		
Streel Address (P.O. Box Number is Not Acceptable)				circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not		
1201 Hays Street						
Sulte, Apl. #, Etc.				received and requesting the reinstatement fee be waived.		
City Tallahassee		State Zip Code FL 32301			waiveu.	
8. I, being appointed the registered agent of the abo	ve named corporation, am	_				
Signature of Registered Agent Curson, JENNY Dawson, Assa. V.P. Date 7/15/10 REGISTERED AGENT MUST SIGN						
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonpr	ofit corporations must i	list at least 3	3 directors)		
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / S	itale / Zip
CEO William Abel Sr.		3401 Bashford Ave Cd.			Louissille, Ky	, 40218
Plesidut John Hays	3401	3401 Bashford Are Ct.			Louisville, Ky	
UP Jeff Nuttall	3401	3401 Boshford Are Ct.			Loviside, they	40218
UP Ton: R-220		3401 Boshfird Ave. Ct.		<u>.</u> ,	Louisville, Ky	40218
VP Paul Him	3401	3401 Bashford Dre. Ct.		ì	Louisside Ky	40218
VP Richard Banta Ir.	3401	3401 Roshford Ave. CL.		<u>(</u>	how to fe	40218
10. E-mail Address: Jastq [Cabe Construct, con						
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 607 or 617, F.S. I further certify that when filling 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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 8						