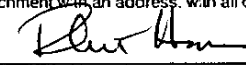


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 536984 1. Entity Name RH CONSTRUCTION CORP.					
Principal Place of Business 118 N WYMORE RD WINTER PK, FL 32789			Mailing Address 118 N WYMORE RD WINTER PK, FL 32789		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARA, ROBERT 118 N. WYMORE ROAD WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number's Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  _____ Signature typed or printed name of registered agent and fee (Applicable) (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PD HARA, ROBERT 118 WYMORE RD WINTER PARK, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	800060547718 10/12/05--01048--010 **150.00
TITLE NAME STREET ADDRESS CITY ST ZIP	STD HARA, JUDITH 118 WYMORE RD WINTER PARK, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

FILED

05 OCT 12 PM 7:13

SECRET
TALLAHASSEE, FLORIDA



REINSTATEMENT 2005
4. Filing Number 59-1746876
Applied For Not Applicable

WAP