

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 MAR -2 AM 8:55

## REINSTATEMENT 06-07



02012007 REIN-P CR2E098 (1/07)

<b>DOCUMENT # P01000074402</b> 1. Entity Name <b>COLE CONSTRUCTION AND MANAGEMENT CORPORATION</b>	
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Principal Place of Business <b>4461 LEGENDARY DRIVE DESTIN, FL 32541</b>	Mailing Address <b>4461 LEGENDARY DRIVE DESTIN, FL 32541</b>
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2. Principal Place of Business - No P.O. Box # <b>4704</b>	3. Mailing Address <b>P.O. Box 5563</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PENSACOLA, FLORIDA</b>	City & State <b>DESTIN, FLORIDA</b>	4. FEI Number <b>59-3735029</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32504</b>	Country U.S.A	Zip <b>32540</b>	Country U.S.A

6. Name and Address of Current Registered Agent  <b>JOHN W. HAWKINS 607 HWY 98 EAST DESTIN, FL 32541</b>	7. Name and Address of New Registered Agent Name <b>JOSEPH M. SCHEIDT, JR. PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>979 HWY 98 EAST UNIT B-1</b> City <b>DESTIN</b>
	State <b>FL</b>
	Zip Code <b>32541</b>

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: DATE: **FEB. 2, 2007**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$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	P <b>COLE, CHARLES C</b> <b>4461 LEGENDARY DRIVE</b> <b>DESTIN, FL 32541</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000092219610</b> <b>03/12/07--01015--008 **300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: DATE: **FEB. 2, 2007** DAYTIME PHONE # **850-837-1171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR