


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000141520 1. Entity Name GODWIN & EVANS CONSTRUCTION, INC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -2 PM 5: 33

REINSTATEMENT 06



10302006 REIN-P CR2E098 (11/05)

Principal Place of Business 1216 NW 13TH STREET SUITE 6 GAINESVILLE, FL 32601		Mailing Address 1216 NW 13TH STREET SUITE 6 GAINESVILLE, FL 32601 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0422936	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GODWIN, MARVIN L 1216 NW 13TH STREET SUITE 6 GAINESVILLE, FL 32601	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GODWIN, MARVIN L 1216 NW 13TH STREET GAINESVILLE, FL 32601 <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	TRES EVANS, DONALD L 1216 NW 13TH STREET GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE <i>TS</i> NAME <i>TS EVANS, DONALD L.</i> STREET ADDRESS <i>1216 NW 13TH STREET</i> CITY-ST-ZIP <i>GAINESVILLE, FL 32601</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC REED, SARAH E 1216 NW 13TH STREET GAINESVILLE, FL 32601 <input checked="" 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
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9. 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: *Donald L. Evans Sec.* Date: *10/30/06* Daytime Phone #: *352-374-6789*