2004 FOR PROFIT CORRESPONDENCE

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REINSTATEMENT						
DOCUMENT # P03000142524				FILED		
THE JEFFERS CONSTRUCTION COMPANY				04 OCT 12 AM 10: 02		
Principal Plac	be of Business ·	Mailing Address	New York	OG UCITE CTATE	4.1.	
161 42ND A		161 42ND AVENUE ST. PETERSBURG BEAC	CH, FL 33706	SECRETARY OF STATE ALLAHASSEE, FLORIDA	Molive	
2. Principal Place of Business  SAME		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10052004 REIN-P	CR2E098 (6/04)	
City & State		City & State  SUME		4. FEI Number 2135406	Applied For Not Applicable	
Zip SiAM	ME Country PINELLAS	SAME.	Country PIHELLAS	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent						
JEFFERS, DAVID A			Name D	Street Address (P.O. Box Number is Not Acceptable)		
161 42ND AVENUE ST. PETERSBURG BEACH, FL 33706			Street Addres	Steel Address ( O. Box Number is Not Acceptable)		
			City 57	PETERS BURG	FL Zip Code 7 06	
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						
signature DAYID A JEFFEIZS LO/7/04						
SIGNATURE (NOTE: Registered Agent signature required when reinstating)  DATE  DATE						
FILE NOW!!! FEE IS \$750.00						
	mary 1, 2005, Fee will be \$900.0	o i				
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 11	
TITLE NAME	15555D0 DAMED 4		TITLE NAME	•	Change Addition	
STREET ADDRESS CITY-ST-71P						
TITLE	S,T	□ Delete	CITY-ST-ZIP TITLE	<del></del>	☐ Change ☐ Addition	
NAME	JEFFERS, DAVID A		NAME			
STREET ADDRESS CITY-ST-ZIP	l		STREET ADDRESS CITY-ST-ZIP	1000417: 	97671 -010 **758 75	
TITLE			тпц		Change Addition	
NAME STREET ADDRESS	i		NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
title Name			TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP		1	
TITLE		□ Delete			Charge Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	INSTATEMENT	_07 -	
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS	•		
CITY-ST-ZIP	pertify that the information supplied with	this filling does not qualify for	CITY-ST-ZIP	Section 119 07(3Vi) Florido Statutos Litural	har cartify that the information	
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:  DAYID. A JEFFERS  19/7/04 430-3927  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  DayInter Phone #						
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