2006 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # P05000042790

1. Entity Name
BULLDOG CONSTRUCTION SERVICES, INC.

Principal Place of Business	Mailing Address
2488 TREEHAVEN DRIVE	2488 TREEHAVEN DRIVE
DELTONA, FL 32738	DELTONA, FL 32738

2. Principal Place of Business	3. Mailing Address	
283 Pine Cone Dr.	283 Pine Cone Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10172006 REIN-P CR2E098 (11/05) 06

City & State	City & State	4. FEI Number	Applied For
Ormond Beach	Ormond Beach	73-1731662	Not Applicable

Zip	Country	Zip	Country		
32174	USA	32174	USA Volusia	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
KINSLEY, JEFF A ~~2488 TREEHAVEN DRIVE~~ ~~DELTONA, FL 32738~~ 283 Pine Cone Dr. Ormond Beach, FL 32174	Name Jeff Kinsley Street Address (P.O. Box Number is Not Acceptable) 283 Pine Cone Dr. City Ormond Beach FL Zip Code 32174

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 _____   10/19/06

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2007, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: KINSLEY, JEFF A STREET ADDRESS: 2488 TREEHAVEN DRIVE CITY-ST-ZIP: DELTONA, FL 32738	☐ Delete	TITLE: M NAME: Jorge Bonilla STREET ADDRESS: 100 Sweet Gum Woods Ct. CITY-ST-ZIP: Deltona, FL 32725	☐ Change ☒ Addition
TITLE: VP NAME: KINSLEY, JEFF A STREET ADDRESS: 2488 TREEHAVEN DRIVE CITY-ST-ZIP: DELTONA, FL 32738	☐ Delete	800081119758 10/23/06--01047--016 **758.75	☐ Change ☐ Addition
TITLE: S, T NAME: KINSLEY, JEFF A STREET ADDRESS: 2488 TREEHAVEN DRIVE CITY-ST-ZIP: DELTONA, FL 32738	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: M 10/24	☐ 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 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: _____   10/19/06   386-804-3445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #