

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P39639

FILED
Oct 05, 2009
Secretary of State

Entity Name: HBI CONSTRUCTION MANAGEMENT, INC.

Current Principal Place of Business:

1027 TREMONT
GALVESTON, TX 77550

New Principal Place of Business:

Current Mailing Address:

1027 TREMONT
GALVESTON, TX 77550

New Mailing Address:

FEI Number: 74-2119031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTRACTOR BUSINESS SERVICES, INC.
15409 U.S. HWY. 19 NORTH
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

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.

SIGNATURE: SID HOLLIDAY III

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLLIDAY, SID III
Address: 6901 DRIFTWOOD
City-St-Zip: GALVESTON, TX 77550

Title: D () Delete
Name: HOLLIDAY, SID E JR.
Address: 7508 BEAUDELAIRE
City-St-Zip: GALVESTON, TX 77550

Title: S () Delete
Name: JOHNSON, JUDY
Address: 4211 AVE T
City-St-Zip: GALVESTON, TX 77550

Title: T () Delete
Name: HOLLIDAY, CARODYNE
Address: 7508 BEAUDELAIRE
City-St-Zip: GALVESTON, TX 77550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SID HOLLIDAY III

Electronic Signature of Signing Officer or Director

PRES

10/05/2009

Date