## 2008 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT# 509620** 

Address:

City-St-Zip:

176 CORBIN PARK ROAD

NEW SMYRNA BEACH, FL 32168

MASSEL CONSTRUCTION INC.

FILED Mar 12, 2008 Secretary of State

Entity Nan	ne: MASSEL CONSTRI	JCTION, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	IN PARK ROAD RNA BEACH, FL 32168	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	IN PARK ROAD RNA BEACH, FL 32168	US			
FEI Number:	59-1685309 FEI Numl	per Applied For ( ) FI	El Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Current Re	gistered Agent:	Name and Address	Name and Address of New Registered Agent:	
	EDWARD IN PARK ROAD RNA BEACH, FL 32168	US			
The above in the State		s statement for the purpo	ose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE: ED MASSEL				
	Electronic Signatu	re of Registered Agent		Date	
	ce with s. 607.193(2)(b), F.S. npaign Financing Trust Fund	the corporation did not rec I Contribution ( ).	eive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( ) Delete MASSEL, EDWARD, 176 CORBIN PARK ROAD NEW SMYRNA BEACH, FL	32168	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () Delete MASSEL, JEANNE, 176 CORBIN PARK ROAD NEW SMYRNA BEACH, FL	32168	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP ( ) Delete MASSEL, LAURA L		Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: LAURA L MASSEL VP 03/12/2008