


2004 FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000006433		
1. Entity Name LG CONSTRUCTORS, INC.		

FILED
04 DEC -2 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1500 INTERNATIONAL DR SPARTANBURG, SC 29304		Mailing Address 1500 INTERNATIONAL DR SPARTANBURG, SC 29304	
2. Principal Place of Business		3. Mailing Address c/o Jaime Sharp	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PO Box 6280	
City & State		City & State Spartanburg SC	
Zip	Country	Zip	Country
		29304	USA

10212004 REIN-P CR2E098 (6/04)

4. FEI Number 52-2418930		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E PARK AVE TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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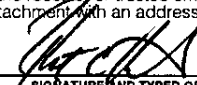
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  MICHAEL MIRRIONE, ASST. SECY. 11/24/04
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, 2005, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUNE, FRED M			NAME			
STREET ADDRESS	1500 INTERNATIONAL DR			STREET ADDRESS			
CITY-ST-ZIP	SPARTANBURG, SC 29304			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STIDHAM, WENDELL B			NAME			
STREET ADDRESS	1500 INTERNATIONAL DR			STREET ADDRESS			
CITY-ST-ZIP	SPARTANBURG, SC 29304			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANTÉE, M. CATHERINE			NAME			
STREET ADDRESS	1500 INTERNATIONAL DR			STREET ADDRESS			
CITY-ST-ZIP	SPARTANBURG, SC 29304			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZABILANSKY, DONALD R			NAME			
STREET ADDRESS	1500 INTERNATIONAL DR			STREET ADDRESS			
CITY-ST-ZIP	SPARTANBURG, SC 29304			CITY-ST-ZIP			
TITLE	SVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRIMM, W. PETER			NAME			
STREET ADDRESS	1500 INTERNATIONAL DR			STREET ADDRESS			
CITY-ST-ZIP	SPARTANBURG, SC 29304			CITY-ST-ZIP			
TITLE	SVPS	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STIDHAM, WENDELL B			NAME	Treasurer		
STREET ADDRESS	1500 INTERNATIONAL DR			STREET ADDRESS	Robert C. Hinds		
CITY-ST-ZIP	SPARTANBURG, SC 29304			CITY-ST-ZIP	1500 International Drive		
					Spartanburg SC 29304		

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:  Treasurer 10/21/04 (864) 599-4162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #