

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000005601						FILED OCT 30 PM 2:31 CLERK OF STATE TALLAHASSEE, FLORIDA																			
1. Entity Name AMERICAN CONTRACTORS OF GEORGIA, INC.																									
Principal Place of Business 1955 MONIER BLVD LITHIA SPRINGS, GA 30132				Mailing Address 1955 MONIER BLVD LITHIA SPRINGS, GA 30132																					
2. Principal Place of Business - No P.O. Box # 1955 Monier Blvd.				3. Mailing Address 1955 Monier Blvd.																					
Suite, Apt. #, etc.				Suite, Apt. #, etc.																					
City & State Lithia Springs, Georgia				City & State Lithia Springs, Georgia																					
Zip 30122		Country US		Zip 30122		Country US																			
6. Name and Address of Current Registered Agent CREEK MATE CREDIT & INFORMATION BUREAU 4411 BEE RIDGE RD #257 SARASOTA, FL 34233				7. Name and Address of New Registered Agent Name Checkmate Credit & Information Bureau Street Address (P.O. Box Number is Not Acceptable) 4411 Bee Ridge Rd# 257 City Sarasota FL Zip Code 34233																					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																									
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																					
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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: <i>Timothy P. Replogle</i> 10-28-08																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____																									