

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F08000005381

**FILED**  
**Nov 04, 2009**  
**Secretary of State**

**Entity Name:** HUFFMAN CONSTRUCTION, INC. OF SOUTHERN FLORIDA

**Current Principal Place of Business:**

10149S 300E  
WARREN, IN 46792

**New Principal Place of Business:**

**Current Mailing Address:**

10149S 300E  
WARREN, IN 46792

**New Mailing Address:**

**FEI Number:** 35-2325741

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ULM, WILLIAM  
2835 HAMMOMNND ROAD  
FORT PIERCE, FL 34946 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: WILLIAM ULM

\_\_\_\_\_  
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: PS ( ) Delete  
Name: HUFFMAN, MICHAEL  
Address: 11308 BLUE SEDGE CT  
City-St-Zip: ROANOKE, IN 46783

Title: V ( ) Delete  
Name: HUFFMAN, BILL  
Address: 10149S 300E  
City-St-Zip: WARREN, IN 46792

Title: T ( ) Delete  
Name: HUFFMAN, CINDY  
Address: 10149S 300E  
City-St-Zip: WARREN, IN 46792

**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:

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: MICHAEL HUFFMAN

PS

11/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date