2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 NOV -1 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005052

1. Entity Name
SOUTHERN BLEACHER CONSTRUCTION CO., INC.

Principal Place of Business	Mailing Address
POST OFFICE 1 GRAHAM, TX 76450	POST OFFICE 1 GRAHAM, TX 76450

10052005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
75-2050107
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ■ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOMBROIA, THOMAS R 10935 SW 105 AVENUE MIAMI, FL 33176	Name: Capitol Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 1333 N. Duval Street City: Tallahassee, FL Zip Code: 32303

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: Delanie Cease, asst sec. Delanie Cease 10-27-05
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, 2006, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCP PETTUS, JOANN 3400 GRAFORD HWY GRAHAM, TX	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PETTUS, SHERRILL PO BOX 1 GRAHAM, TX	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	801 FIFTH STREET GRAHAM, TX. 76450	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000061118560 11/02/05--01037--005 **758.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 05 NOV 01 2005	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Jo Ann Pettus Jo Ann Pettus 10-31-05 940-549-0733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — President — Date — Daytime Phone #