

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 APR 28 AM 8:54

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT  
04172006  
05-2006-11/05 05-2006

DOCUMENT # F99000004521					
1. Entity Name S.D. CLIFTON CONSTRUCTION, INC.					
Principal Place of Business 1530 H2 CRESCENT CT AUGUSTA, GA 30909			Mailing Address P.O. BOX 949 EVANS, GA 30809		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. 4324 Wheeler Rd			Suite, Apt. #, etc. P.O. Box 949		
City & State Martinez, GA			City & State EVANS, GA		
Zip 30907		Country		Zip 30809	
Country		Country			
4. FEI Number 58-1759076			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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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:  ALLAN FARNELL Assistant Secretary Signature, typed or printed name of registered agent and title if applicable. (Typed or printed name of registered agent required when reinstating) DATE					
FILE NOW!!! FEE IS \$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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CLIFTON, STEPHEN D 4824 HARDY MCMANUS ROAD EVANS, GA 30809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CLIFTON, MOLLY V 4824 HARDY MCMANUS ROAD EVANS, GA 30809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400074338614 05/10/06--01022--026 **300.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  STEVE CLIFTON 4/20/06 706-731-0978 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					