2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# J70897

FILED Dec 16, 2009 Secretary of State

Entity Name: BROWNCORP. CONSTRUCTION CONTRACTING, INC.

Current Principal Place of Business: New Principal Place of Business:

13603 GRANVILLE AVE. 20260 COUNTY ROAD 455 CLERMONT, FL 34711 CLERMONT, FL 34715

Current Mailing Address: New Mailing Address:

13603 GRANVILLE AVE. PO BOX 83

CLERMONT, FL 34711 FENDALE, FL 34729

FEI Number: 59-2813940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

GINN, DOROTHY P

13603 GRANVILLE AVE.

CLERMONT, FL 34711 US

BROWN, SANDI G

20260 COUNRY ROAD 455

CLERMONT, FL 34715 US

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: SANDI BROWN 12/16/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD () Delete Title: PCD (X) Change () Addition

Name: BROWN, DARLENE D Name: BROWN, SANDRA G

 Address:
 13603 GRANVILLE AVE
 Address:
 PO BOX 83

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:
 FERNDALE, FL 34729

Title: V (X) Delete Title: () Change () Addition Name: BROWN, SANDRA G Name:

Address:13603 GRANVILLE AVE.Address:City-St-Zip:CLERMONT, FL 34711City-St-Zip:

Title: ST (X) Delete Title: () Change () Addition

 Name:
 GINN, DOROTHY P
 Name:

 Address:
 650 WEST OSCEOLA ST
 Address:

 City-St-Zip:
 CLERMONT, FL
 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: SANDRA BROWN PCD 12/16/2009