2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 01, 2004
Secretary of State

DOCUMENT# M56263

Entity Name: ALWARD CONSTRUCTION, INC.

Current Principal Place of Business:

5233 FISHER ISLAND DR.
FISHER ISLAND, FL 33109

New Principal Place of Business:

Current Mailing Address:

5233 FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109

New Mailing Address:

FEI Number: 59-2831163 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAKOLSKY, CAROLYN
5233 FISHERS ISLAND DR.
FISHER ISLAND, FL 33109 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: _____

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: D ( ) Delete
Name: SALOLSKY, ALBERT,
Address: 5233 FISHER ISLAND DR.
City-St-Zip: FISHER ISLAND, FL 33109

Title: P ( ) Delete
Name: SCHREIDELL, SIDNEY F, .
Address: 2091 NW 139 ST.
City-St-Zip: OPA LOCKA, FL 33054

Title: S ( ) Delete
Name: SAKOLSKY, CAROLYN
Address: 5233 FISHER ISLAND DR.
City-St-Zip: FISHER ISLAND, FL 33109

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 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 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: CAROLYN A. SAKOLSKY S 11/01/2004

Electronic Signature of Signing Officer or Director Date