2006 FOR PROFIT CORPORATION REINSTATEMENT

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # P00000095847** 06 NOV -9 AM 9: 11 1. Entity Name GC CONSTRUCTION & DEVELOPMENT, INC. REMSTATEMENT 06 Principal Place of Business Mailing Address 4163 N. US HIGHWAY 1 **401 GODFREY ROAD SE** MELBOURNE, FL 32935 PALM BAY, FL 32909 2. Principal Place of Business 3. Mailing Address 4163 N. US Highway 1 Suite, Apt. #, etc. Suite, Apt. #, etc. 11082006 **REIN-P** CR2E098 (11/05) City & State City & State 4. FEI Number Applied For FL Melbourne 59-3691603 Not Applicable Zip Country 32935 \$8.75 Additional USA 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name arson Laura CARSON, LAURA L **401 GODFREY ROAD SE** Street Address (P.O. Box Number is Not Acceptable) PALM BAY, FL 32909 Titan City 8. The above named entity submits this statement for the purpose of changing its registered office

the obligat	ations of registered agent. Laura L. Can Signature, typed or printed name of registered agent and title i	88~		salure required when reinstacting)	Nov.	. 8, 2000 DATE	
1	ILE NOW!!! FEE IS \$150.00 musry 1, 2007, Fee will be \$300.00			:	In accordance with corporation did not	s. 607.193(2)(b), receive the prior i	F.S., the notice.
10.	OFFICERS AND DIREC	TORS 11. ADDITION		ADDITIONS	S/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CARSON, GERALD PATRICK 401 GODFREY ROAD SE PALM BAY, FL 32909	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	271 Titan Palm Bay,		Change	☐ Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ 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 attachmen with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

321-307-0187