

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000048710 1. Entity Name BEAU BRACKETT CONSTRUCTION INC.				FILED 04 DEC 29 AM 10:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3575 SAULSTARS CT. SARASOTA, FL 34232		Mailing Address 3575 SAULSTARS CT. SARASOTA, FL 34232			
2. Principal Place of Business Suite, Apt. #, etc. 221 Pennsylvania Ave. City & State Osprey, FL Zip 34229		3. Mailing Address Suite, Apt. #, etc. 221 Pennsylvania Ave. City & State Osprey, FL Zip 34229			
4. FEI Number 52-2317249		Applied For ☐ Not Applicable		12272004 REIN-P CR2E098 (6/04)	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent BRACKETT, BEAU 3575 SAULSTARS CT. SARASOTA, FL 34232	
7. Name and Address of New Registered Agent Name BEAU BRACKETT Street Address (P.O. Box Number is Not Acceptable) 221 Pennsylvania Ave. City Osprey FL Zip Code 34229		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 <u><i>Beau Brackett</i></u> 12/27/04 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$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	P BRACKETT, BEAU 3575 SAULSTARS CT. SARASOTA, FL 34232	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRACKETT, BEAU 221 Pennsylvania Ave. Osprey, FL 34229	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOOTH, JOE 7306 BARGELLO ENGLEWOOD, FL 34224	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANTHONY C. COGGINS 2855 JAMAICA ST. SARASOTA, FL 34237	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MICHAEL A. REPPUCCI 2972 ARAYLE VENICE, FL 34293	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ 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: <u><i>Beau Brackett</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			12/27/04 941-356-5305 Date Daytime Phone #		