

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P01000055501

1. Entity Name
HARTMAN CONTRACTING, INC.



Principal Place of Business
464 HARTS RD
YULEE, FL 32097

Mailing Address
464 HARTS RD
YULEE, FL 32097

2. Principal Place of Business

85488 Harts Rd.
Suite, Apt. #, etc.
Yulee, FL

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

32097

City & State

Zip
32097

Country
USA

Zip

Country

4. FEI Number
59-3730486

Applied For
Fee Required

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

HARTMAN, JEFF
464 HARTS RD
YULEE, FL 32097

Name

Street Address (P.O. Box Number is Not Acceptable)

Same AS #2

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

Signature, typed or printed name of registered agent and title if applicable..

(NOTE: Registered Agent signature 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	PVST HARTMAN, JEFF 464 HARTS RD YULEE, FL 32097	<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	D HARTMAN, JEFF 464 HARTS RD YULEE, FL 32097	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/07/05