2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000058389

Entity Name: CHARASH CONSTRUCTION, INC.

FILED Oct 05, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
19720 WYNDHAM LAKE DR ODESSA, FL 33556				19719 WYNDHAM LAKE DR ODESSA, FL 33556		
Current Mailing Address:				New Mailing Address:		
19720 WYNDHAM LAKE DR ODESSA, FL 33556				19719 WYNDHAM LAKE DR ODESSA, FL 33556		
FEI Number:	59-3732105	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certific	ate of Status Desired ()
Name and	Address of C	urrent Registered Agent:		Name and Address	of New Reg	gistered Agent:
O'BRIEN, JAMES 19720 WYNDHAM LAKE DR ODESSA, FL 33556 US				RODARMEL, DOUG 19719 WYNDHAM LAKE DR ODESSA, FL 33556 US		
The above in the State		ubmits this statement for the pur	rpose o	f changing its registere	ed office or	registered agent, or both,
SIGNATUR	E: DOUG RO	DADARMEL				10/05/2004
	Electron	ic Signature of Registered Agen	t			Date
Election Cam		8(2)(b), F.S., the corporation did not r Trust Fund Contribution(). 「ORS:	receive ti	•	ES TO OFI	FICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	ROADARMEL, I	AM LAKES DRIVE		Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	OBRIEN, JAMES	AM LAKES DRIVE		Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	MARTINEZ, ROI	AM LAKES DRIVE		Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	ROADARMEL, D	AM LAKES DRIVE		Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	OBRIEN, JAMÉS	AM LAKES DRIVE		Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	ROADARMEL, I	AM LAKES DRIVE		Title: Name: Address: City-St-Zip:	() Change	() Addition

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.

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SIGNATURE:	DOUG ROADARMEL	PRFS	10/05/2004