


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000117844		
1. Entity Name SMK PIPE CONTRACTORS, INC.		


FILED
06 JAN 31 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7416 CHUMUCKLA HWY. PACE, FL 32571	Mailing Address P. O. BOX 760 GENEVA, AL 36340-0760
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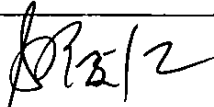
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 7458 CHUMUCKLA HWY Suite, Apt. #, etc. City & State PACE, FL Zip 32571	Country USA
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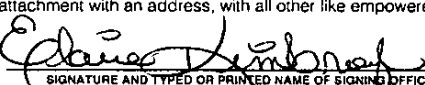
4. FEI Number 52-2364848	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent ELLENBURG, LISA 1136 ENGLISH LANE WESTVILLE, FL 32464		7. Name and Address of New Registered Agent Name ELAINE Kimbrough Street Address (P.O. Box Number is Not Acceptable) 7458 CHUMUCKLA HWY City PACE FL Zip Code 32571	
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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.	DATE 1/26/06 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIMBROUGH, JAMES C 7458 CHUMUCKLA HWY MILTON, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kimbrough, James C 7458 CHUMUCKLA HWY PACE, FL 32571 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KIMBROUGH, ELAINE 7458 CHUMUCKLA HWY MILTON, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200065574848 02/10/06--01036--006 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 attachment with an address, with all other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 1/26/06 850-994-8836 Daytime Phone #