

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000006307

Entity Name: ACW BUILDERS, INC.

FILED  
Mar 23, 2005  
Secretary of State

## Current Principal Place of Business:

10 SUNTREE PLACE  
MELBOURNE, FL 32940

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 120040  
W. MELBOURNE, FL 329120040

## New Mailing Address:

FEI Number: 04-3591888

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GRAHAM, ANDREW A  
10 SUNTREE PLACE  
MELBOURNE, FL 32940 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: ANDREW A. GRAHAM

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GRAHAM, ANDREW  
Address: 4813 UNION CYPRESS PL.  
City-St-Zip: W. MELBOURNE, FL 32904

Title: VPTD ( ) Delete  
Name: WELLS, WALTER E  
Address: 5060 TREND ROAD  
City-St-Zip: W. MELBOURNE, FL 32904

Title: VPSD ( ) Delete  
Name: GRAHAM, CLIFFORD A  
Address: 4813 UNION CYPRESS PL.  
City-St-Zip: W. MELBOURNE, FL 32904

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: ANDREW A. GRAHAM

PD

03/23/2005

Electronic Signature of Signing Officer or Director

Date