


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000075330 1. Entity Name BROTHERS GROUP CONSTRUCTION COMPANY	
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Principal Place of Business 4500 BAYMEADOWS ROAD APT. 188 JACKSONVILLE, FL 32217	Mailing Address 4500 BAYMEADOWS ROAD APT. 188 JACKSONVILLE, FL 32217
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2. Principal Place of Business 5545 ALEXIS FOREST LANE Suite, Apt. #, etc.	3. Mailing Address 5545 ALEXIS FOREST LANE Suite, Apt. #, etc.
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City & State JACKSONVILLE FL Zip 32258	City & State JACKSONVILLE FL Zip 32258
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Country DUVAL	Country DUVAL
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6. Name and Address of Current Registered Agent PEPAJ, ARBEN 4500 BAY MEADOWS RD. #188 SUITE 2301 JACKSONVILLE, FL 32217	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5545 ALEXIS FOREST LANE City JACKSONVILLE FL Zip Code 32258
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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: <u><i>Arben Pepaj</i></u> <small>(Signature, typed or printed name of registered agent and title if applicable)</small>	(NOTE: Registered Agent signature required when reinstating) DATE: <u><i>1/12/05</i></u>
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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	
TITLE P NAME PEPAJ, ARBEN STREET ADDRESS 4500 BAYMEADOWS ROAD APT. 188 CITY-ST-ZIP JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01122005 REIN-P CR2E098 (6/04)

4. FEI Number 22-3858244	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	7. Name and Address of New Registered Agent
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	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.
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TITLE P NAME PEPAJ, ARBEN STREET ADDRESS 5545 ALEXIS FOREST LANE CITY-ST-ZIP JACKSONVILLE FL 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE: <u><i>Arben Pepaj</i></u> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>	Date: <u><i>1/12/05</i></u> Daytime Phone #: <u><i>(904) 249-9399</i></u>
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