

2005 FOR PROFIT CORPORATION REINSTATEMENT



FILED
05 MAY -9 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000095283				1. Entity Name MELCOR CONSTRUCTION INC.	
Principal Place of Business 1585 RIPLEY RUN WELLINGTON, FL 33414			Mailing Address 1585 RIPLEY RUN WELLINGTON, FL 33414		
2. Principal Place of Business 514 Cindy Circle Lane Suite, Apt. #, etc.		3. Mailing Address 514 Cindy Circle Lane Suite, Apt. #, etc.			
City & State Wellington FL		City & State Wellington FL		4. FEI Number 01-0702219	
Zip 33414		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, LARRY G 1585 RIPLEY RUN WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name ETTAQUE LONG Street Address (P.O. Box Number is Not Acceptable) 1940 CHEETHAM Hill Blvd. City LOXAHATCHEE FL Zip Code 33470		
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: <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: 26 April 2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
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	PD BROWN, LARRY G 1585 RIPLEY RUN WELLINGTON, FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brown, Larry G 514 Cindy Circle Lane Wellington FL 33414	<input checked="" 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	100054683831 05/17/05--01057--016 **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	4/25/05	<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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/26/05		Daytime Phone #: 561-791-0685

REINSTATEMENT 04-05
04212005 REINP CR2E098 (6/04)