


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 12 PM 1:23

DOCUMENT # P02000120744		
1. Entity Name STOLEC CONSTRUCTION INC		

Principal Place of Business <del>12004 ONEIDA DR</del> 12033 ONEIDA DR. HUDSON, FL 34667 FL	Mailing Address P.O. Box 11297 SPRING HILL FL 34610
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2. Principal Place of Business 12033 ONEIDA DR	3. Mailing Address P.O. Box 11297
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HUDSON FL	City & State SPRING HILL FL
Zip 34667	Zip 34610
Country PUERTO RICO	Country HERRNUNDO

12/13/04 01060 007 #15000

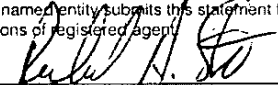


12232004 REIN-P CR2E098 (6/04)

4. FEI Number 33-1044626	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STOLEC, RICHARD A <del>12004 ONEIDA DR</del> 12033 ONEIDA DR. HUDSON, FL 34667	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  DATE 12-14-04

(NOTE: Registered Agent signature required when reinstating)

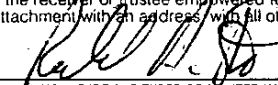
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES STOLEC, RICHARD A <del>12004 ONEIDA DR</del> 12033 ONEIDA DR HUDSON, FL 34667 <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	VPS STOLEC, RICHARD A JR <del>12004 ONEIDA DR</del> 12033 ONEIDA DR HUDSON, FL 34667 <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
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REINSTATEMENT 04-05

800045027068  
01/19/05--01044--018 \*\*150.00

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:  DATE 12-14-04 727-243-6714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2032*  
ROBERT J. FEDOR  
CERTIFIED PUBLIC ACCOUNTANT  
10422 U.S. Highway 19  
Port Richey, FL 34668  
(727) 863-0223

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 12 PM 1:23

December 8, 2004

Florida Dept of State  
Tallahassee, FL 32314

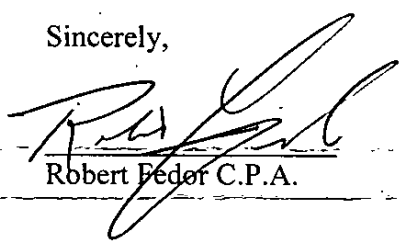
RE: Stolec Construction, Inc.  
P02000120744

Dear Sir/ Madam,

Please be advised that taxpayer never received the original renewal notices which went out earlier this year. Because of a move and related address change, the mail from the Dept of State was never received. To make matters worse, taxpayer was out of state on jobs in Tennessee and Northern Virginia for several months in the middle of 2004.

Because they are a new corporation and had no idea of what the normal annual renewal filing requirements were, we ask that you process the enclosed 2004 annual report.

Sincerely,

  
Robert Fedor C.P.A.