2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000023011

City-St-Zip:

FORT MYERS, FL 33901

ity Name: THE LEONARDI COMPANY CONTRACTING, INC

FILED Sep 29, 2008 Secretary of State

Entity Nan	ne: THE LEO	NARDI COMPANY CONTRAC	TING, INC.		
Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
4100 EVANS AVENUE SUITE 4 FORT MYERS, FL 33901				1254 PINEY ROAD FORT MYERS, FL 33903	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
4100 EVANS AVENUE SUITE 4 FORT MYERS, FL 33901				1254 PINEY ROAD FORT MYERS, FL 33903	
FEI Number:	11-3680013	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
LEONARDI, JOHN S 4100 EVANS AVENUE SUITE 4 FORT MYERS, FL 33901 US			1254 PINEÝ ROAI	LEONARDI, JOHN S 1254 PINEY ROAD FORT MYERS, FL 33903 US	
The above in the State		ubmits this statement for the pr	urpose of changing its regis	tered office or registered agent, or both,	
SIGNATURE: JOHN S LEONARDI				09/29/2008	
	Electron	ic Signature of Registered Age	nt	Date	
		3(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () LEONARDI, JOH 1314 JAMBALA FORT MYERS,	NA LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () LEONARDI, ALE 1314 JAMBALA FORT MYERS,	NA LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	ST () LEONARDI, DIA 1314 JAMBALA		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: JOHN S LEONARDI P 09/29/2008