

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000032663	
1. Entity Name R & D GENERAL CONSTRUCTION CO.	

Principal Place of Business 12700 SW 265TH ST. HOMESTEAD, FL 33032	Mailing Address 12700 SW 265TH ST. HOMESTEAD, FL 33032
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2. Principal Place of Business 13727 SW 152 ST	3. Mailing Address 13727 SW 152 ST
Suite, Apt. #, etc. 300	Suite, Apt. #, etc. 300
City & State MIAMI FL	City & State MIAMI FL
Zip 33177	Zip 33177
Country USA	Country USA

FILED
05 NOV 28 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

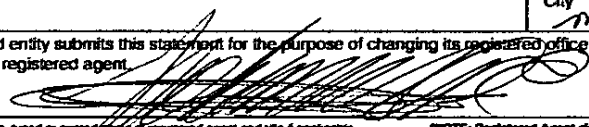


11232005 REIN-P CR2E098 (8/04)

4. FEI Number 06-1686217	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOPES, ROBSON L 12700 SW 265TH ST. HOMESTEAD, FL 33032
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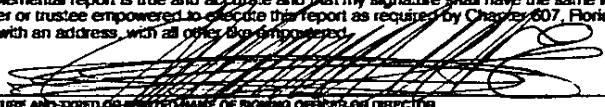
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13727 SW 152 ST Suite 300 City MIAMI FL Zip Code 33177

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 11/23/05
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FILE NOWIN FEE IS \$150.00 After January 1, 2006, Fee will be \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD LOPES, ROBSON L 12700 SW 265TH ST. HOMESTEAD, FL 33032 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13727 SW 152 ST ☒ Change ☐ Addition Suite 300 MIAMI FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 the information.	SIGNATURE: 	DATE 11/23/05	Daytime Phone #
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