2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000032663

1. Entity Name
R & D GENERAL CONSTRUCTION CO.

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

11232005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
12700 SW 265TH ST. HOMESTEAD, FL 33032	12700 SW 265TH ST. HOMESTEAD, FL 33032

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

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	7. Name and Address of New Registered Agent
LOPES, ROBSON L 12700 SW 265TH ST. HOMESTEAD, FL 33032	Name Street Address (P.O. Box Number is Not Acceptable) 13727 SW 152nd ST Suite 300 City MIAMI FL **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 _____ 11/23/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! 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.**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOPES, ROBSON L 12700 SW 265TH ST. HOMESTEAD, FL 33032	☐ Delete	13727 SW 152 ST Suite 300 MIAMI FL 33177	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	400061825434 12/01/05--01023--005 **150.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 like empowered.

SIGNATURE: _____ 11/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #