

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000039487 1. Entity Name ROBERT S. WALLACE, BUILDING CONTRACTOR INC.						FILED 06 OCT 24 AM 10:15 JESSIE L. STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2225 W OHIO AVE TAMPA, FL 33607				Mailing Address 2225 W OHIO AVE TAMPA, FL 33607			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
5. Name and Address of Current Registered Agent PAUL, HENRY LEE 412 E MADISON ST, STE 1111 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name ROSSELLA RINALDO PAUL Street Address (P.O. Box Number is Not Acceptable) 34017 HENDERSON BLVD. City TAMPA FL Zip Code 33629			
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 of person or printed name of registered agent and title if applicable</small>				DATE 10/19/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALLACE, ROBERT S 2225 W OHIO AVE TAMPA, FL 33607			<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"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10/19/2006			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>			