2005 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE: Land THE AND THE ON THE OF SIGNING OF FICE

FILED May 18, 2005 8:00 am Secretary of State

5-14-05 Date

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DOCU	MENT # P03000	044271								
1. Entity Nam	ne									
BOHANA	IN CONSTRUCTION, I	NC.								
l										
Principal Plac	e of Business	Mailing Address				ere e e e		17)	اسدا	5
177 ROWLAND AVENUE		P.O. BOX 157		U CL.			i eye	07	- 6	,
HOLLISTER,	FL 32147	HOLLISTER, FL 3214	7	U CLA.	W C / 22 14 14	T. Boba				
						#17/2/2/18 0.0 		ři i Rodin		
2. Principal Place of Business 3. Mailing Address									11111 11 3	STI
Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #, etc.							
oute, Apt. #, etc.		Suite, Apr. #, etc.	Oute, Apt. #, etc.		05162005	REIN-P	CR2E	098 (6/04)		
City & State		City & State	City & State		4. FEI Numbe	er 7 (D) 2 2			ptied For	1
		7in	Country		04.37	168932			t Applicable	-
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of C	urrent Registered Agent			7. Name and	Address of New R				1
BUTANA	N ELIZABETH M		Na	атже						
	N, ELIZABETH M LAND AVENUE		Str	reet Address (I	s (P.O. Box Number is Not Acceptable)					1
	ER, FL 32147		ļ							1
								T		
			Cit	tλ			FL	Zip Cod	е	15
	e named entity submits this state tions of registered agent.	nent for the purpose of changing it	s registered of	fice or register	ed agent, or bo	th, in the State of Ro	orida. Fam	familiar with,	and accept]
ille obligat	illoris oi, registered agent.	2.1.								
SIGNATURE	Signature, Sped or printed name of register	ed agent and title if applicable	TF: Ractatored Area	ent elicenstrum mare de	ed when reinstating)	<i></i>	7-16 DATE	-05		
							37112			1
FII	LE NOW!!! FEE IS \$300	00				In accordance	vith s. 607	193(2)(b)	F.S., the	
rii	EE MONNIE LEE 19 \$300					corporation did	not receive	e the prior r	notice.	
10.		S AND DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	1
TITLE	PSTD	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS	BOHANAN, ELIZABETH M 177 ROWLAND AVENUE	1	NAME STREET ADD	ORESS						
CITY-ST-ZIP	HOLLISTER, FL 32147		CITY-ST-ZI	1			Z ≤	C5		
TITLE	:	☐ Delete	TITLE					Change	☐ Addition	1
NAME			NAME				<u> </u>	麦丁	7	
STREET ADDRESS CITY-ST-ZIP			STREET ADD	1			7		=	
TITLE		☐ Delete	TITLE				<u> </u>	Channel	Addition	-
NAME			NAME				<u></u>		- <u> </u>	
STREET ADDRESS			STREET ADD	ORESS			774		مـــ	
CITY-ST-ZIP			CITY-ST-ZI	P	-		<u>. 95</u>	<u> </u>		-
TITLE NAME		☐ Delete	TITLE NAME				ã=	□ <u>C</u> hange	☐ Addition	
STREET ADDRESS			STREET ADD	DRESS			>	4-		
CITY-ST-ZIP			CITY+ST-ZI	1						
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME			NAME		. 0	00055 6/05010	377	1900	1	
STREET ADDRESS CITY-ST-ZIP			STREET ADD City-St-Zi	- 1	05/2	26/05010	54UU] **1	50.00	
TITLE		☐ Delete	TITLE	<u> </u>				☐ Change	☐ Addition	1
NAME		L.J Udiae	NAME		П	oooss				
STREET ADDRESS			STREET ADD	I	0572	00055 6/05010	3400	2 **1!	50.00	
CITY+ST-ZIP			CITY-ST-Z							
12. I hereby of	certify that the information supplied on this report or suppliemental r	ed with this filing does not qualify for eport is true and accurate and that	or the exemption	on stated in Se	ction 119.07(3)((i), Florida Statutes.	I further cer	tify that the in	nformation or director	
of the cor	on inis report or supplemental r rporation or the receiver or truste for on an attachment with an ad-	eport is true and accurate and that e empowered to execute this repor dress, with all other like empowered	rrry signature s rt as required b	maii nave the s by Chapter 607	same legal effec ', Florida Statute	cras if made under es; and that my nam	oatn; that I a e appears ir	am an officer n Block 10 oi	or director Block 11 if	