2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000047778

Entity Name: MDEL CONSTRUCTION, INC.

FILED Oct 08, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2920 HORSESHOE TRAIL 111 CARRIAGE WAY FRISCO, TX 75034 KYLE, TX 78640

Current Mailing Address: New Mailing Address:

2920 HORSESHOE TRAIL 111 CARRIAGE WAY FRISCO, TX 75034 KYLE, TX 78640

FEI Number: 20-0015471 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DELFIACCO, ANGELA

135 ANDREWS ROAD

SANFORD, FL 32772 US

DELFIACCO, ANGELA

1026 WOODALL DR

ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE: ANGELA DELFIACCO 10/08/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 DELFIACCO, MARIO
 Name:
 DELFIACCO, MARIO

 Address:
 2920 HORSESHOE TRAIL
 Address:
 111 CARRIAGE WAY

 City-St-Zip:
 FRISCO, TX 75034
 City-St-Zip:
 KYLE, TX 78640

Title: VP () Delete Title: VP (X) Change () Addition Name: DELFIACCO, FRANCES E DELFIACCO, FRANCES E

 Name:
 DELFIACCO, FRANCES E
 Name:
 DELFIACCO, FRANCE

 Address:
 2920 HORSESHOE TRAIL
 Address:
 111 CARRIAGE WAY

 City-St-Zip:
 FRISCO, TX 75034
 City-St-Zip:
 KYLE, TX 78640

Title: S () Delete Title: S (X) Change () Addition

 Name:
 DELFIACCO, ANGELA
 Name:
 DELFIACCO, ANGELA

 Address:
 135 ANDREWS ROAD
 Address:
 1026 WOODALL DR

City-St-Zip: SANFORD, FL 32773 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

SIGNATURE: MARIO DELFIACCO P 10/08/2006