

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000079650 1. Entity Name RONNIE WASHINGTON CONSTRUCTION, INC.				 <div style="position: absolute; top: 0; right: 0; text-align: right;"> FILED FEB 14 AM 10:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 04-05 </div>	
Principal Place of Business 3000 CORONET LANE 100 JACKSONVILLE, FL 32207 US		Mailing Address 3000 CORONET LANE 100 JACKSONVILLE, FL 32207 US			
2. Principal Place of Business 3339 Galilee Road Suite, Apt. #, etc. N/A City & State JACKSONVILLE, FL Zip 32207 Country DUVAL		3. Mailing Address SAME Suite, Apt. #, etc. N/A City & State MA Zip MA Country N/A		01182005 REIN-P CR2E098 (6/04) 4. FEI Number 59-3657589 Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				7. Name and Address of New Registered Agent Name Washington Ronnie Street Address (P.O. Box Number is Not Acceptable) 3339 Galilee Road City JACKSONVILLE, FL Zip Code 32207	
6. Name and Address of Current Registered Agent WASHINGTON, RONNIE 3000 CORONET LANE 110 JACKSONVILLE, FL 32207					
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: Feb 8, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$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	P <input type="checkbox"/> Delete WASHINGTON, RONNIE 3000 CORONET LANE #440 3339 Galilee Road JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 60004665380 02/15/05--01049--011 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> 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"/> 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"/> Delete		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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Feb 8, 2005 <small>Date Daytime Phone #</small>		