

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000091940 1. Entity Name KENNEDY CONSTRUCTION INC.				<div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px;">05 NOV 14 AM 9:51</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 2208 ANNE AVENUE PANAMA CITY BEACH, FL 32408		Mailing Address 2208 ANNE AVENUE PANAMA CITY BEACH, FL 32408			
2. Principal Place of Business 1910 Allison Avenue <small>Suite, Apt. #, etc.</small>		3. Mailing Address P.O. Box 19411 <small>Suite, Apt. #, etc.</small>			
City & State Panama City Beach FL <small>Zip</small> 32407		City & State Panama City, FL <small>Zip</small> 32417			
4. FEI Number 02-0704108		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		10212005 REIN-P CR2E098 (6/04)	
6. Name and Address of Current Registered Agent KENNEDY, JOHN MAURICE 2208 ANNE AVENUE PANAMA CITY BEACH, FL 32408			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1910 Allison Avenue Panama City Beach City FL Zip Code 32407		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	D KENNEDY, JOHN MAURICE 2208 ANNE AVENUE PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1910 Allison Avenue Panama City Beach, FL 32407	<input checked="" 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	000061413600 11/14/05--01047--005 **\$150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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> John M. Kennedy, President			Date: 11/8/05 Daytime Phone #: 850-271-9400		