

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000095754		
1. Entity Name CORREA'S CONSTRUCTION SERVICES, INC.		

FILED
08 MAR 11 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3401 15 TH AVE. SW NAPLES, FL 34116	Mailing Address 3401 15 TH AVE. SW NAPLES, FL 34116
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2. Principal Place of Business - No P.O. Box # 4301 15th Ave SW	3. Mailing Address 4301 15th Ave SW
Suite, Apt. #, etc.	Suite, Apt. #, etc.

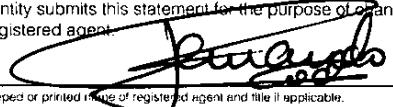
City & State Naples FL	City & State NAPLES FL
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Zip 34116	Country USA	Zip 34116	Country USA
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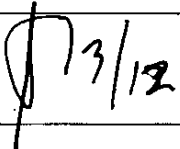
6. Name and Address of Current Registered Agent CORREA, ENRIQUE SR 5523 22ND PL. SW NAPLES, FL 34116		7. Name and Address of New Registered Agent Name: SPL INCOME TAX CORP Street Address (P.O. Box Number is Not Acceptable): 6006 Radio Rd City: Naples FL Zip Code: 34104	
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8. 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.

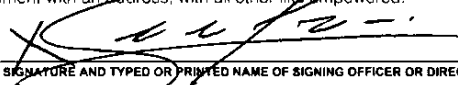
SIGNATURE:  DATE: 3/5/2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORREA, ENRIQUE 3401 15TH AVE SW NAPLES, FL 34116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100119864931 03/11/08--01005--019 **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
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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 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: 3/5/08 239-289-5611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR