2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000103130

Entity Name: GILBERT CONSTRUCTION, INC.

FILED Jan 15, 2008 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
--	-----------------------------

2225 TWINS PALMS LN. 2225 TWIN POND LN.

DE LEON SPRINGS, FL 32130 DE LEON SPRINGS, FL 32130

Current Mailing Address: New Mailing Address:

2225 TWINS PALMS LN. 2225 TWIN POND LN.

DE LEON SPRINGS, FL 32130 DE LEON SPRINGS, FL 32130

FEI Number: 81-0634168 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:

GILBERT, JOHN
2225 TWIN PALMS LANE
2225 TWIN POND LN

DE LEON SPRINGS, FL 32130 US DE LEON SPRINGS, FL 32130 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: JON Z. GILBERT 01/15/2008

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 GILBERT, JON Z
 Name:
 GILBERT, JON Z

 Address:
 4800 HIGHWAY 11
 Address:
 2225 TWIN POND LN

City-St-Zip: DELEON SPRINGS, FL 32130 City-St-Zip: DELEON SPRINGS, FL 32130

Title: S () Delete Title: S (X) Change () Addition
Name: GILBERT, JON Z

Address: 3235 TA(IN DOND IN

 Address:
 2225 TWIN PALMS LANE
 Address:
 2225 TWIN POND LN

 City-St-Zip:
 DE LEON SPRINGS, FL 32130
 City-St-Zip:
 DE LEON SPRINGS, FL 32130

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

 Name:
 GILBERT, JON Z
 Name:
 GILBERT, JON Z

 Address:
 2225 TWIN PALMS LANE
 Address:
 2225 TWIN POND LN

 City-St-Zip:
 DE LEON SPRINGS, FL 32130
 City-St-Zip:
 DE LEON SPRINGS, FL 32130

I hereby certify that the information supplied with this filing does not qualify 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: JON Z. GILBERT P 01/15/2008