

2004 FOR PROFIT CORPORATION REINSTATEMENT


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10212004 REIN-P CR2E098 (6/04) 04

DOCUMENT # P03000107379					
1. Entity Name ALL AMERICAN CONST., INC.					
Principal Place of Business 1878 76TH PLACE N. SAINT PETERSBURG, FL 33702			Mailing Address 1878 76TH PLACE N. SAINT PETERSBURG, FL 33702		
2. Principal Place of Business			3. Mailing Address 5401 Central Avenue		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State St. Petersburg, FL		
Zip		Country		Zip 33710 Country	
6. Name and Address of Current Registered Agent CAROL MCATEE ACCOUNTING CONSULTANTS 5401 CENTRAL AVENUE ST. PETERSBURG, FL 33710				7. Name and Address of New Registered Agent Name Peter KYRIAZIS (President) Street Address (P.O. Box Number is Not Acceptable) 1878 76TH PL N St. Pete FL 33702 City St Petersburg FL Zip Code 33702	
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 new- Peter Piro KYRIAZIS (PRESIDENT) DATE 12-02-04 <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, 2005, 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	P KYRIAZIS, PIRO PETER 1878 76TH PLACE N. ST. PETERSBURG, FL 33702 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800043213628 12/06/04--01049--003 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAPADOPOULOS, ANGELO 1878 76TH PLACE N. ST. PETERSBURG, FL 33702 <input checked="" 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: Piro KYRIAZIS DATE: 12-02-04 727-235-9262 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					