## 2005 FOR PROFIT CORPORATION REINSTATEMENT

Asign Address (P.O. Box Number is Not Acceptable)  Sign Agr. F. 902.	DOCUMENT # P03000127664  1. Entity Name ROBERT E. ESTELL GENERAL CONTRACTOR INC.				05 OCT 20 PM ID BE SECRETARY OF STATE BALLAHASSEE. FLORIDA	
Sulle, Apr. R. B.C.  Sulle, Ap	22218 LAVE	R LANE		639		
City S. Slate  Leading Section   Sec	2. Principal P	lace of Business 16 As Abouc	3. Mailing Address		THE STREET HE COURT HAVE BEEN AND REPORT HER STREET SHIP AND INCIDENT HERE	
So 2008476 \$0 - 023013   Not Applicable   So 7.5 Addition   So 7.5	Suite, Apt.	#, etc.	Suite, Apt. #, etc. —		CR2E098 (6/04) 05	
Set Name and Address of Current Registered Agent  8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  ESTELL, ROBERT E  EZZ218 LAVER LANE LAND O LAKES, FL 34639  B. The above named printy futurities the syntheting file syntheting file registered address (P.O. Box Numbor is Not Acceptable)  City  FL Zip Code  8. The above named printy futurities the syntheting file syntheting file registered address (P.O. Box Numbor is Not Acceptable)  SIGNATURE  FILE NOWIII FEE IS \$150.00  After January 1, 2006, Pee will be \$300.00  In accordance with s. 607,193(2)(b), F.S., the corporation did not receive the prior notice.  FILE NOWIII FEE IS \$150.00  After January 1, 2006, Pee will be \$300.00  In accordance with s. 607,193(2)(b), F.S., the corporation did not receive the prior notice.  FILE NOWII FEE IS \$150.00  After January 1, 2006, Pee will be \$300.00  In accordance with s. 607,193(2)(b), F.S., the corporation did not receive the prior notice.  FILE NOWII FEE IS \$150.00  After January 1, 2006, Pee will be \$300.00  In accordance with s. 607,193(2)(b), F.S., the corporation did not receive the prior notice.  FILE NOWII FEE IS \$150.00  After January 1, 2006, Pee will be \$300.00  In accordance with s. 607,193(2)(b), F.S., the corporation did not receive the prior notice.  FILE NOWII FEE IS \$150.00  After January 1, 2006, Pee will be \$300.00  In accordance with s. 607,193(2)(b), F.S., the corporation did not receive the prior notice.  FILE NOWII FEE IS \$150.00  After January 1, 2006, Pee will be \$300.00  In accordance with s. 607,193(2)(b), F.S., the corporation did not receive the prior notice.  FILE NOWII FEE IS \$150.00  After January 1, 2006, Pee will be \$300.00  In accordance with s. 607,193(2)(b), F.S., the corporation did not receive the prior notice.  FILE NOWII FEE IS \$150.00  After January 1, 2006, Pee will be \$100.00  In accordance with s. 607,193(2)(b), F.S., the corporation did not receive the prior notice.  FILE NOWII FEE IS \$150.00  In accordance with s. 607,193(2)(b	City & State	ODLAKES FI			/Ja ANA (3.20)	
STELL ROBERT E 2218 LAVER LANE LAND O LAKES, FL 34639  City FL Zip Code  6. The above names of the harms the system of the for phropse of changing its registered office or registered agent, or both, in the State of Florida. Lay familiar with, and accept the obligations of doubts to get or the rate of floridation of the floridation of	Zip 34	639 PASCO	Zip	Country		
Street Address (P.O. Box Number is Not Acceptable)    City			nt Registered Agent	Name	7. Name and Address of New Registered Agent	
8. The above named pritisy lutimits this spetiment forms of propose of changing its registered office or registered agent, or both, in the State of Florida. I are itemiliar with, and accept the obligations of logistical agest.    Committee	22218 LAV	ER LANE		Street Address	ss (P.O. Box Number is Not Acceptable)	
SIGNATURE    FILE NOW!!! FEE IS \$150.00				City	FL Zip Code	
10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   11   11   12   12   13   14   15   15   15   15   15   15   15	SIGNATURE Signature, typed or printed nature regulated title of applicable. (NOTE: Registered Agent eignature required when reinstating)  FILE NOW!!! FEE IS \$150.00  In accordance with s. 607.193(2)(b), F.S., the					
TITLE MAME STREET ADDRESS CITY-ST-2IP LAND O LAKES, FL 34639  TITLE V LAND O LAKES, FL 34639  TITLE V STREET ADDRESS CITY-ST-2IP LAND O LAKES, FL 34639  TITLE UNME STREET ADDRESS CITY-ST-2IP LAND O LAKES, FL 34639  TITLE UNME STREET ADDRESS CITY-ST-2IP UNME STREET ADDRESS CITY-ST-2IP TITLE UNME STREET ADDRESS CITY-ST-2IP UNME STRE				11.		
NAME SIRRET ADDRESS CITY-ST-ZIP  ITILE NAME SIRRET ADDRES	NAME STREET ADDRESS	ESTELL, ROBERT E 22218 LAVER LANE	□ Delete	NAME STREET ADDRESS	100050551511 Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE TIT	NAME STREET ADDRESS	ESTELL, EVELYN O 22218 LAVER LANE	☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  12.   hereby certify that the information applied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental eport is true are 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 truetee emptywhed above the his 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 a laddress in basing me appears.	NAME STREET ADDRESS		□ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP  12.   hereby certify that the information adposed 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 supplied ental leport is true an accounted 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 true even provided by execute his 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 a state of the corporation of the corporation of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the corporation of the corporation of the receiver of the corporation	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition	
changed, or on an attachment with an address with another masternous region.	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylor Place Daylor Manager Place &						

B Mitchell OCT 25 2005