

2004 FOR PROFIT CORPORATION REINSTATEMENT


FILED

04 OCT 28 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000131697

1. Entity Name
AKL CONSTRUCTION INC.



Principal Place of Business
1830 AMBOY DR
DELTONA, FL 32738

Mailing Address
1830 AMBOY DR
DELTONA, FL 32738



2. Principal Place of Business
1809 Dublin Road
Suite, Apt. #, etc.

3. Mailing Address
1809 Dublin Road
Suite, Apt. #, etc.

10272004 REIN-P CR2E098 (6/04)

City & State
Deltona, Florida

Zip
32738

Country
USA

4. FEI Number
20-0424415

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOCKREM, KAREN
1830 AMBOY DR
DELTONA, FL 32738

7. Name and Address of New Registered Agent

Name
Allen Lockrem

Street Address (P.O. Box Number is Not Acceptable)
1809 Dublin Road

City
Deltona

FL Zip Code
32738

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOCKREM, ALLEN 1830 AMBOY DR DELTONA, FL 32738 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOCKREM, KAREN 1830 AMBOY DR DELTONA, FL 32738 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, TIMOTHY 1830 AMBOY DR DELTONA, FL 32738 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, JOEL 1830 AMBOY DR DELTONA, FL 32738 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP Allen Lockrem 1809 Dublin Rd. Deltona, FL 32738 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Martin, Timothy 1809 Dublin Rd. Deltona, FL 32738 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Taylor, Joel 1809 Dublin Rd. Deltona, FL 32738 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: Allen Lockrem 10/27/2004 (386) 789-6151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #