

2005 FOR PROFIT CORPORATION REINSTATEMENT

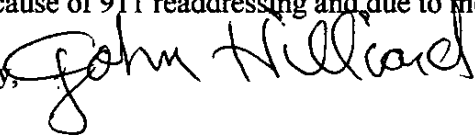
DOCUMENT # P03000144826 1. Entity Name JOHN HILLIARD CONSTRUCTION, INC.					
Principal Place of Business ROUTE 9 BOX 3681 LAKE CITY, FL 32024 US			Mailing Address ROUTE 9 BOX 3681 LAKE CITY, FL 32024 US		
2. Principal Place of Business 590 SW Arlington Blvd, Suite, Apt. #, etc. Suite 105 City & State Lake City, Florida Zip 32025		3. Mailing Address 590 SW Arlington Blvd Suite, Apt. #, etc. Suite 105 City & State Lake City, Florida Zip 32025			
Country USA		Country USA		4. FEI Number 20-0450608	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BARNES & JAMES, P.A. 2629 BLAIR STONE ROAD TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Kimmy Edgley Street Address (P.O. Box Number is Not Acceptable) 590 SW Arlington Blvd, Suite 105 City Lake City		
State FL			Zip Code 32025		
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 <u><i>Kimmy Edgley</i></u> Kimmy Edgley 10-11-05 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$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	PRES HILLIARD, JOHN ROUTE 9 BOX 3681 LAKE CITY, FL 32024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Hilliard, John 590 SW Arlington Blvd, Suite 105 Lake City, FL 32025	<input checked="" 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	300060582233 10/13/05--01054--015 **\$300.00	<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 an other like empowered.					
SIGNATURE: <u><i>John Hilliard</i></u> John Hilliard			10-11-05 386-752-0580 <small>Date Daytime Phone #</small>		

October 11, 2005

To Whom It May Concern:

Please accept this letter, as waiver for the reinstatement fee, due to I never received the form because of 911 readdressing and due to moving.

Sincerely,

A handwritten signature in black ink that reads "John Hilliard". The signature is written in a cursive style with a large, looped "J" and a long, sweeping underline.

John Hilliard

cc: file